

1                   DEPARTMENT OF VETERANS AFFAIRS

2                   ENHANCED-USE LEASE (EUL) PUBLIC HEARING

3                   Holiday Inn City Centre

4                   300 E. Ohio Ave., Chicago, IL 60611

5                   July 30, 2003

6                   MR. HENDERSON: -- the VA's plan to designate  
7                   Lakeside for enhanced use. My name is Carl  
8                   Henderson. I am with the Department of Veterans  
9                   Affairs. I'm going to serve as the moderator and  
10                  the time keeper for this evening's proceedings.

11                  I would like to remind you that tonight's  
12                  public hearing is required by law, therefore,  
13                  somewhat formal and it is being audiotaped so the  
14                  Department can have a record of tonight's  
15                  proceedings.

16                  Because our primary objective tonight is  
17                  to hear your comments and reactions to the proposed  
18                  enhanced use lease, we want everyone who has a  
19                  desire to speak to have that chance to publicly  
20                  express their views tonight. So if we all stay on  
21                  track and respect the amount of time that we have  
22                  and that we're going to invest tonight, I'll take a  
23                  few minutes later to go over the ground rules for

1        tonight's public comments.

2                I would also like to encourage you to sign  
3        in or place your name on a speaker list. It's still  
4        located outside on the desk. If you wish to be  
5        recognized to make a comment, those are the  
6        individuals that will have the first chance at the  
7        microphones this evening.

8                I also wanted to remind you and make you  
9        aware, many of you have already seen it, but there  
10       is a model of the West Side Campus located in the  
11       back of the room. It does show the proposed  
12       patient tower, the VA Regional Office and the  
13       existing structures that are out there as well as  
14       those proposed.

15               This evening's agenda, and I hope you've  
16       picked one up on your way in, is designed to divide  
17       the hearing actually into two parts this evening.  
18       The first part probably about 30 minutes, is a  
19       short VA presentation focusing on VA's Enhanced  
20       Used Lease Program. It's a short VA presentation  
21       going over the program, over cares, and finished up  
22       with an overview of the proposed Enhanced Use Lease  
23       for Lakeside.

1           I would ask that you hold your comments  
2   for the second part of the agenda and please allow  
3   the speakers to complete their presentations this  
4   evening.

5           Joining me this evening to help with the  
6   presentations are the following individuals. Mr.  
7   Richard Citron, who is the Director of the VA  
8   Chicago Health Care System discussing that in  
9   further detail later on. To his right is Dr. Joan  
10   Cummings, Network Director for the VA Great Lakes  
11   Health Care System. To her right is Mr. Claude B.  
12   Hutchison, Jr., Director of the VA Office of Asset  
13   Enterprise Management and to his right is the  
14   Honorable Gordon Mansfield, the Assistant Secretary  
15   for Congressional Legislative Affairs. So we thank  
16   you for being with us this evening.

17           Before I talk about the importance of the  
18   second part of tonight's agenda, I'm going to  
19   briefly review what VA means when it talks about  
20   enhanced use leasing and perhaps more importantly  
21   the purpose or significance of tonight's hearing.

22           If we could go to the first slide. This  
23   is a definition of enhanced use. I'm not going to

1 read it but I want you to take a look at it. It  
2 really stresses innovative law, it's unique to VA.  
3 This will come out in the presentations later on  
4 this evening. It permits VA to realign  
5 underperforming land and buildings. It allows VA  
6 to maximize return and benefits and it allows VA to  
7 reinvest that revenue and benefits to enhance  
8 veteran services and provide needed facilities as  
9 well.

10 Next slide. The purpose of the Enhanced  
11 Use Public Hearing this evening first of all, it's  
12 required by Enhanced Use Law, it is to receive the  
13 views and the comments of veteran service  
14 organizations and others in the room tonight and  
15 it's on VA's general plan for Enhanced Use Lease at  
16 Lakeside. And, of course, for potential future  
17 uses and effects of such a lease on local veteran  
18 services, programs, the business area and the  
19 community.

20 As you can see the second part after a  
21 short break at tonight's hearing, is really the  
22 main reason the Department of Veteran's Affairs is  
23 conducting this hearing and we're going to make

1 every effort to proceed to the public comment  
2 section as quickly as possible. With that in mind,  
3 I'd like to go over the ground rules for the public  
4 comment session. Don't worry, I'm going to repeat  
5 these later on when we take a short break before  
6 the comment section begins.

7 In order to recognize all those who would  
8 like to comment or to make a statement for the  
9 record, we are going to proceed with the hearing in  
10 the following fashion. Each individual will be  
11 given up to three minutes to speak. We're using  
12 the time limits really to be fair to all groups and  
13 individuals who wish to speak. We will recognize  
14 first those individuals who have signed up on the  
15 sign-up sheet that I had mentioned earlier located  
16 at the entrance to the auditorium.

17 When we call your name, please step to the  
18 microphone located in the aisles on either side of  
19 the aisles and clearly state your name please, the  
20 organization you represent, if any, and then make  
21 your statement for the record. As I mentioned  
22 before, the proceedings are being recorded this  
23 evening and will be transcribed.

1           I'll provide time reminders if you begin  
2   to exceed your limit in the interest of the others  
3   who do want to speak. If you or your organization  
4   has already submitted a written statement for the  
5   record in advance of the hearing, I'm going to ask  
6   that you not read the statement, but provide a  
7   brief overview to those in the audience of your  
8   comments. I can assure you that if you submitted a  
9   statement according to the published hearing notice  
10   on June 30<sup>th</sup>, it will be added to the official  
11   record.

12           After we have called on all the people  
13   listed on the sign-up sheets, we will then take  
14   statements from the floor. We ask that you cue up,  
15   stand behind the microphones and again, please  
16   state your name and the organization that you  
17   represent. It is going to be necessary for us to  
18   clearly hear the name, your name and your  
19   organization as well as your comments, so please  
20   step up to the microphone at the appropriate time.

21           We're going to attempt to address some of  
22   the comments but as you know, and I want to  
23   reiterate, the purpose of the hearing tonight is

1 not a Q & A session, it's to gather those comments  
2 on the purpose of the Enhanced Use Lease process.

3 Are there any questions at this point?

4 Yes.

5 MALE VOICE: (Inaudible)

6 MR. HENDERSON: I don't think that what we want  
7 to say is going to be done in three minutes, but we  
8 certainly are going to do it as briefly as  
9 possible.

10 MALE VOICE: (Inaudible)

11 MR. HENDERSON: Thank you.

12 Yes.

13 MALE VOICE: (Inaudible)

14 MR. HENDERSON: You can ask a question, but  
15 that's going to slow down -- if the question deals  
16 with the Enhanced Use Lease process, by all means,  
17 that's what the purpose of it is for. If there's a  
18 misunderstanding or you have a question in relation  
19 to that, ask those types of questions. The purpose  
20 of tonight's hearing though is to gather comments  
21 about the process.

22 Okay, moving right along. I would like to  
23 proceed by introducing Mr. Citron, Director of the

1 VA Chicago Health Care System, which is comprised  
2 of Lakeside, Westside, the Adam-Benjamin Junior  
3 Outpatient Clinic in Crowne Point, Indiana, the  
4 Beverly Community Outpatient Clinic on 95<sup>th</sup> Street  
5 in Chicago and the Chicago Heights Community  
6 Outpatient Clinic in Chicago Heights, Illinois.

7 Mr. Citron?

8 MR. CITRON: Thank you, Carl. I want to welcome  
9 all of you to today's public hearing. I look  
10 forward to hearing your comments and possibly your  
11 questions. Before I go into my comments, I would  
12 like to share with you, I see a number of familiar  
13 faces in the audience. I see a number of veterans  
14 and patients from VA Chicago as well as volunteers,  
15 employees and former employees.

16 I also see some representatives from the  
17 institutions in and around Lakeside such as  
18 Northwestern Memorial Hospital, Northwestern  
19 University Medical School and Northwestern  
20 University. Representatives from Rehab Institute  
21 of Chicago. Also Cook County Board of Health, city  
22 and county veterans officials in the audience. Of  
23 course, we recognize many of our veteran service



1 officers and veteran representatives out there and  
2 I've also been acquainted with some developers and  
3 I'm glad to see our Streeterville Association is  
4 represented here tonight.

5 Let me quickly get into some remarks.  
6 Very quickly on some important historical points  
7 about VA Chicago. The very first affiliations that  
8 the VA had nationally started here in Chicago in  
9 1946. Our two medical schools, Northwestern  
10 University and University of Illinois at Chicago  
11 were the very first two medical schools to start an  
12 affiliation with the VA. And when they did start  
13 that affiliation, the residents from those two  
14 schools went out and treated returning World War  
15 II vets who were based out at Hines.

16 It wasn't until 1954 that the VA activated  
17 the Lakeside and Westside Medical Centers and back  
18 in '54, Lakeside was opened with 535 beds, Westside  
19 with 488 beds. Moving on, in 1996, Lakeside and  
20 Westside, two independent medical centers prior to  
21 this time were merged into a single facility and it  
22 was given a new name. The new name was VA Chicago  
23 Health Care System and at that time, VA Chicago was

1 operating 575 beds. In February 2002, the VA  
2 announces a major decision in its Capital Asset  
3 Realignment for Enhanced Services Program. The  
4 decision is to move all of its inpatients from  
5 Lakeside to Westside.

6 Currently, where we are now, VA Chicago  
7 operates with five sites of care, our two  
8 facilities at Lakeside and Westside as well as  
9 three other clinics. Unlike several years ago  
10 where we had 575 beds, we're now down to 241 beds,  
11 only 76 beds are actively remaining at Lakeside at  
12 this time. And every year or at least the past  
13 couple of years, we have treated over 43,000  
14 individual veterans at the VA Chicago Health Care  
15 System.

16 Now where are we going in the future.  
17 Well first of all, we're planning an important move  
18 next week. All inpatients, the remaining  
19 inpatients -- as of this morning we had about 43  
20 inpatients residing at Lakeside, but on August 7<sup>th</sup>,  
21 the remaining inpatients will be moved over to  
22 Westside. A multi-specialty clinic will continue  
23 here in Chicago for the short term. As long as we

1 have this building at Lakeside, we will continue to  
2 offer a multi-specialty clinic there.

3 Another important note is our  
4 affiliations, our important affiliations with both  
5 Northwestern and University of Illinois at Chicago  
6 Medical Schools will be continuing.

7 Now there are a number of enhancements  
8 going on at Westside as we speak and I can't name  
9 them all, but just to name a few, one of the most  
10 important ones is a new parking garage that's going  
11 up now. It's expected to be completed around  
12 Thanksgiving time of this year. Over 1,500 spaces  
13 will be open over at Westside.

14 There's a new energy center going in and  
15 we should be activating that in October of this  
16 year and the Veteran's Benefits Administration, the  
17 regional office, has a new office building going up  
18 at Westside. There are numerous other enhancements  
19 but for the sake of time we'll not go over those.

20 The most important piece that we're  
21 looking forward to at Westside is a new bed tower  
22 and the current proposal is that we would have  
23 \$98.5 million to construct a new bed tower. It

1 would house 200 acute medical, surgical,  
2 psychiatric care beds at Westside. It would also  
3 include our surgical operating room. And in the  
4 next slide, we show an outline of the campus at  
5 Westside, the old hospital, the ambulatory care  
6 building, the parking garage and regional office  
7 building are all in that drawing and then the  
8 purple area is the area that we would like to see  
9 the new bed tower constructed on. And if you want  
10 a better picture of how this is gonna work and come  
11 together, we have a 3-dimensional model in the back  
12 that Carl Henderson referred to.

13 Could we move on to the next -- thank you.  
14 Great, thank you for your help.

15 This is the artist rendition of what the  
16 new bed tower hopefully will look like. In this  
17 angle we see a southern exposure. The architects  
18 have come up with a design that would have the  
19 building have a curve that isn't well represented  
20 by this picture, but you can get an idea that this  
21 is what we're looking for. Instead of our two 50-  
22 year old buildings at Lakeside and Westside, we  
23 hope our patients can reside in this brand new

1 facility that can be built in the near future.

2 Now can we go to the next slide. The  
3 north face of the new proposed bed tower.

4 Well, that concludes my remarks. And let  
5 me turn it back to Carl.

6 MR. HENDERSON: Thank you very much, Mr. Citron.

7 I'd like to now ask Mr. Claude Hutchison  
8 to come forward and once again Mr. Hutchison is  
9 Director of the VA Office of Asset Enterprise  
10 Management.

11 MR. HUTCHISON: Thank you, Carl.

12 What I'd like to do is now provide a brief  
13 overview of the Enhanced Use Leasing operation, the  
14 requirements and the process. The Enhanced Use  
15 Leasing process is unique to VA. This is a slide  
16 that was mentioned earlier and I think we just go  
17 on to the next slide here. The roots of Enhanced  
18 Use Leasing go back to 1991. It has a 12-year  
19 history. During that 12-year period of time it's  
20 gained a lot of momentum around the country and  
21 there have been many improvements that have come  
22 about by virtue of the process working forward.

23 We've actually awarded some 27 leases and

1     there's a wide spectrum of activity associated with  
2     those leases. Office buildings, energy plants,  
3     parking facilities, realignment of existing  
4     buildings and residential buildings to address the  
5     issue of homelessness from veterans.

6             The initial results have indicated  
7     significant savings, improved operations,  
8     attraction of private investment, new revenues and  
9     a lot of local jobs in the communities where these  
10    facilities have been built. Of the 100 initiatives  
11    studied to day, there are still about 50 that are  
12    somewhere in the development phase.

13            The basics of Enhanced Use Leasing, the VA  
14    at a local level identifies property that is  
15    vacant, under-utilized, obsolete or too costly.  
16    The VA then embarks on an activity which leads to  
17    the development of a concept plan, again, at the  
18    local level which flows up through the Veteran's  
19    Health Administration for review and points out the  
20    potential benefits of the proposed lease.

21            One of the key ingredients of Enhanced Use  
22    Leasing is the ability to award site control to a  
23    developer and we can enter into enhanced leases for

1 up to 75 years and in terms of remuneration, we can  
2 receive cash, coin of the realm, or in-kind  
3 consideration and that in-kind consideration can  
4 include new facilities, space in the renovated  
5 facilities, services, goods or equipment. In other  
6 words, a broad spectrum of benefits for our  
7 nation's veterans.

8           The lease must provide space in the  
9 activity which supports the VA's mission. There  
10 can be nothing in the activity that's inconsistent  
11 with the mission. The program has to enhance the  
12 property because at the end of the 75 years, the  
13 property potentially reverts back to the VA or the  
14 lease can result in consideration to be applied to  
15 another local project.

16           The VA solicits proposals, evaluates the  
17 offers and then selects that proposal which is most  
18 beneficial and has the greatest number of benefits  
19 to the local veteran community. The Enhanced Use  
20 law has one primary overwhelming objective.  
21 Benefit to the VA and benefit to veterans. Public  
22 input is assured through the public hearing process  
23 such as we're having this evening and the Congress

1 exercised its oversight through two Congressional  
2 notifications.

3 Throughout the process, the VA strives to  
4 employ the best professional and business practices  
5 to the entire process being implemented in order to  
6 insure integrity at every step along the way. Law  
7 also mandates environmental reviews and insists  
8 that the Enhanced Use Lease comply with  
9 environmental statutes.

10 From again the perspective of the  
11 Department, the Enhanced Services for Veterans  
12 results in improvement to the specific property.  
13 The Enhanced Use Lease generates additional value  
14 and benefit to the VA land and buildings and may  
15 provide space within those buildings for activities  
16 contributing to the mission.

17 There's a financial impact and the  
18 financial impact can take -- there are two  
19 different components which often combine. Savings  
20 and operations in the generation of new revenues or  
21 the combination of the two together. So it allows  
22 the VA to better manage its capital asset and in a  
23 sense leverage that under-utilized asset by



1     attracting outside investment in support of local  
2     needs and requirements.

3             Again from the VA perspective, the  
4     enhancements impact positively the VA property and  
5     its ability to discharge its mission again by an  
6     added increment of private investment and a use  
7     that is compatible with the VA mission. VA's  
8     ability to realign buildings and to adapt a  
9     changing mission requirements without giving up VA  
10    oversight. It creates a win-win situation. The  
11    idea is to not only enhance the department's  
12    ability to delivery on its mission but also to  
13    benefit the local community. And often we've seen  
14    in other projects that renovating a piece of land  
15    that's being under-utilized can be a major positive  
16    impact on local community in terms of increasing  
17    the economic trends and revitalization effort in a  
18    positive manner.

19            From the private perspective, what makes  
20    it work? First of all, the availability of  
21    government land which heretofore was unavailable  
22    for private sector development. Throughout the  
23    process we used terms and activities that are

1 familiar to private sector developers, risk reward,  
2 private financing, various uses, insurance and  
3 building standards. The program normally generates  
4 a great deal of support, both among the veteran  
5 community and to the community at large, and the  
6 process is one that is familiar to local  
7 developments, we're using processes and reviews  
8 that are very, very consistent with what one would  
9 expect in any type of commercial development.

10 There are several basic steps to the  
11 Enhanced Use Lease. Let me just quickly go through  
12 each of the seven.

13 The first is that local business concept  
14 plan. The second where we are this evening, at  
15 Lakeside, the local public hearing to insure input  
16 and the ability of stakeholders to set forth their  
17 ideas and their views. Based on those two, then  
18 there is a decision to be made by the secretary to  
19 decide to potentially designate a property for  
20 Enhanced Use Lease in the first of two  
21 notifications to the Congress.

22 Assuming the Secretary gives his go-ahead,  
23 the VA goes into the fourth step which is the

1 designation of the Enhanced Use Lease property and  
2 a generation of interest and competition amongst  
3 various people who might have an interest in  
4 developing the property and through that the  
5 maximization of the ultimate benefits to the VA.

6 The fifth step is an evaluation of the  
7 proposals that come forth and a recommendation to  
8 the secretary as to a winning proposal and a  
9 winning enhanced use lessee and development team.

10 Should the secretary accept the  
11 recommendation, there is the second notification to  
12 Congress as to the decision to execute an Enhanced  
13 Use Lease and after 30 days that would lead to the  
14 award of the Enhanced Use Lease and the developer,  
15 the successful developer assuming the control and  
16 the execution of the development process.

17 This chart essentially depicts what I've  
18 just talked about and again the yellow block, the  
19 public hearing, is where we are tonight and the  
20 various steps leading to the execution of the  
21 Enhanced Use Lease and the time frames involved.

22 What I'd like to do now is to turn the  
23 table back over to our moderator to introduce

1 Assistant Secretary Mansfield.

2 MR. HENDERSON: Okay, thank you very much, Mr.  
3 Hutchison.

4 Our next presenter is Gordon Mansfield,  
5 the Assistant Secretary for Congressional and  
6 Legislative Affairs. Mr. Mansfield?

7 MR. MANSFIELD: Good evening. We've got sound  
8 here? Yeah. Thank you and good evening.. Try it  
9 this way. Thank you very much. I'm pleased to see  
10 you here, so many folks. It should be an  
11 interesting evening. My job here is to talk about  
12 why we're doing CARES. As you know, we're doing  
13 this across the country and I want to talk about it  
14 from a national perspective while you folks were  
15 the forerunners of it, and I had the opportunity to  
16 be out here while that was going on. But I'll talk  
17 about it.

18 Why are we doing CARES? Number one,  
19 because in March 1999, the general accounting  
20 office, which is a creature of Congress did a study  
21 and they looked at the VA and its properties and  
22 they found out that we had something like 4,700  
23 buildings and over 18,000 acres of land and they

1 determined that we had a lot of facilities that we  
2 were maintaining that really weren't being used to  
3 deliver health care to veterans. And our job is to  
4 deliver health care to veterans.

5 And they said that we think you're wasting  
6 upwards of a million dollars a day and if we set up  
7 a thing and processed that solved that problem,  
8 that money could be put back into, instead of  
9 making these facilities into actual health care of  
10 veterans.

11 At the same time around then, Congress had  
12 passed the eligibility reform for veterans earlier  
13 in the decade of the '90s and we changed the way we  
14 were delivering health care to veterans. We just  
15 weren't doing inpatient care. We were now moving  
16 towards a primary care, a preventive care and a  
17 delivery of care closer to where the veterans  
18 lived, not just in the 173 hospitals that we had at  
19 that time.

20 So that part of the need to realign the  
21 campuses was to mirror changes in health care  
22 delivery. Also, we were learning that the aging  
23 veteran population had evolving health care needs

1 and we needed to be able to work with them.

2 Next slide.

3 What would CARES do? First of all it  
4 would assess the condition and functionality of VHA  
5 space. We would look at those 4,700 buildings or  
6 those that were and were not being used and  
7 determine first of all be able to assess the vacant  
8 space and figure out what was being used and what  
9 wasn't being used.

10 We were supposed to consider the expected  
11 enrollee demand for outpatient and acute patient  
12 in-care in a planning model. We were looking at  
13 realigning several two-division campuses. We were  
14 looking at the possibility of consolidating  
15 facilities and services and we were assessing the  
16 future missions of our smaller facilities. And the  
17 purpose again here is to enhance service to  
18 veterans.

19 Next one, please.

20 The process that's going on across the  
21 country involves a number of steps in the other  
22 parts of the country where we're somewhere moving  
23 into step six, the Secretary will be receiving a

1 plan from the Under Secretary for Health for the  
2 rest of the visions, then he will turn that over to  
3 an independent CARES commission which will conduct  
4 hearings.

5 Next please.

6 The Commission is supposed to be and will  
7 be an independent group put together to go across  
8 the country and do things like we're doing right  
9 here. Assess the information that the veteran  
10 population and other populations, other stakeholder  
11 populations that we have out there, want to put  
12 into the process to help us understand what we need  
13 to do and how to do it.

14 Next one, please.

15 Part of our concern here is and this is a  
16 Secretary's primary mission is keeping stakeholders  
17 informed. The important is for veterans because  
18 the system is for them. For Congress, because  
19 Congress is the power of the purse, the reason we  
20 have an organization and entity is because Congress  
21 authorizes the programs, they make change to them  
22 as they determine changes are needed, and they also  
23 appropriate the money that allows us to run this

1 program. And then on top of that they come back  
2 with oversight responsibilities to look at the  
3 situation to determine whether or not we are doing  
4 what they expected us to do with those dollars that  
5 they've appropriated.

6 In the process of doing this and also of  
7 our employees because they're the ones that are  
8 delivering the CARE through the system, and also  
9 stakeholders like the unions that are representing  
10 those employee interests.

11 The Office of Congressional Legislative  
12 Affairs has been involved in keeping Congress  
13 informed by sending them packages of information  
14 like coordinating briefings and attending briefings  
15 like this one or arranging for briefings somewhat  
16 like this one and working through inter-  
17 governmental affairs office with other  
18 stakeholders.

19 Next slide.

20 Conclusion. CARE's goal is to enhance  
21 inpatient and outpatient care for special programs,  
22 things like spinal cord injury and blind rehab and  
23 long-term care. It will enable the VA to continue



1 to modernize VA's health care system and it's  
2 important to remember the broad outcomes CARE  
3 seeks. More care as I mentioned, to more veterans  
4 in more places where the veterans need the services  
5 most and the health care needs of the veterans are  
6 too important to expect us to do this so that we  
7 can make this system work as best as it can for as  
8 many veterans as possible.

9 Thank you and I hope I made it under three  
10 minutes.

11 MR. HENDERSON: Thank you very much, Mr.  
12 Mansfield.

13 Speaking of Congress, we do have part of  
14 Congress here with us. We do have Congressman  
15 Danny Davis. Thank you for being with us this  
16 evening, sir.

17 I would now like to ask Dr. Joan Cummings,  
18 Network Director for the Chicago and Wisconsin and  
19 Upper Peninsula area. Dr. Cummings?

20 DR. CUMMINGS: Thank you, Carl. Dr. Hutchison  
21 and Mr. Mansfield gave you an overview of the  
22 national view of both Enhanced Use and CARES. I'm  
23 going to bring this plan specifically down to us.

1                   Our implementation plan for CARE is a  
2                   decision occurred in 2002, the Secretary announced  
3                   the CARE VA decision. This decision realigns our  
4                   health care programs and activity to insure better  
5                   services and improved facilities. VA's  
6                   implementation plan for Chicago, one, invest \$98  
7                   million to construct a new bed tower at Westside.  
8                   We've already contracted for planning and we're due  
9                   to finish that design in early of next year. Invest  
10                  \$3.8 million to modernize existing inpatient and  
11                  outpatient facilities at Westside. This  
12                  construction planning is going on this year as we  
13                  speak.

14                   Next.

15                  Enhanced Use Leases are an important part  
16                  of the implementation plan. We've already  
17                  accomplished several of these including the  
18                  regional office, the expanded patient parking at  
19                  Westside and reducing utility costs. These leases  
20                  have been signed and the construction is underway.  
21                  Parking garage due to be finished as Mr. Citron  
22                  said early this fall, or later this fall.

23                  We have several initiatives in the future.

1 One is increasing options for Chicago area homeless  
2 veterans in need of affordable housing and  
3 services. One is the enhanced use of Lakeside's  
4 property and a multi-specialty clinic outpatient  
5 service in Chicago.

6 This is a picture of the improvements that  
7 are actually underway at Westside, including the  
8 parking garage and the new regional office building  
9 and this next one is the model which is in the back  
10 of the room for you to see of the planned new  
11 hospital structure on that campus as well.

12 Enhanced Use makes use of valuable VA  
13 assets. We have about 3.6 acres located in  
14 Chicago's Gold Coast. The surrounding environment  
15 includes an urban mix of retail and residential  
16 office, health care and public uses. Tremendous  
17 potential here and very strong market demand. The  
18 Lakeside property is poised for redevelopment.  
19 This is a unique opportunity for us to collaborate  
20 with the private sector, to improve programs,  
21 facilities and veteran services. We want to  
22 transform Lakeside's property to its fullest  
23 potential. We want to reinvest consideration to

1 improve VA services and facilities for Chicago  
2 veterans. We want to support the Westside  
3 improvements and maintain specialty outpatient  
4 services in Chicago. We will do this by leveraging  
5 public and private sector creativity, experience,  
6 resources and capital, promote feasible and  
7 achievable development while minimizing VA risk and  
8 obligations, encourage urban mixed-use development  
9 compatible with the surrounding environment and  
10 development trends and promote some exciting future  
11 uses for Lakeside including residential office and  
12 health care as well as supporting retail parking  
13 and public space.

14 We encourage dialogue with veterans,  
15 neighbors, residents and elected and public  
16 officials. I've enclosed sort of a schedule of our  
17 time line public hearing tonight, a Congressional  
18 notice following this, through on into the spring  
19 in March of '04 with the award lease and the next  
20 slide has the time line for the Westside bed tower.

21 Building design, as I mentioned, is ongoing. We  
22 expect a complete design in April of '04 and the  
23 start of construction in August of '04 with the new

1 bed tower being completed in November of '06.

2 Thank you.

3 MR. HENDERSON: Thank you very much, Dr.

4 Cummings. That concludes our first part of the  
5 evening. Thank you for your patience. We're going  
6 to take a break before going to the public comments  
7 section. The restrooms are out the door and up the  
8 flight of stairs to the left. We will begin the  
9 public comment section 10 minutes from right now so  
10 I ask that you return to your seats at that time.

11 Thank you.

12 (Whereupon, a break was  
13 had in the proceedings.)

14 MR. HENDERSON: Okay, if I could ask you to take  
15 your seats, please. Before we begin I'd like to go  
16 over the ground rules one more time if I could. We  
17 want to make sure that we are able to recognize all  
18 of those who would like to make a comment tonight  
19 or make a statement for the record. We are giving  
20 each individual up to three minutes to do so. We  
21 are using time limits. I would ask that you  
22 respect those for the other people that are behind  
23 you.

1                   We're going to be calling up those  
2 individuals that signed up first and have them come  
3 up to the microphone. When we call your name or  
4 actually when my assistant Maureen calls your name,  
5 please come up to the microphone. There's one  
6 located on each aisle, take your pick whichever one  
7 is more convenient to you.

8                   Please make a statement for the record. I  
9 will provide time reminders if you begin to exceed  
10 your limit and as I had mentioned earlier if you or  
11 your organization has submitted a written  
12 statement, we do ask that you summarize that as  
13 opposed to reading it. If you have sent it to us we  
14 have received it and it will be put into the public  
15 record.

16                   So with that, Maureen, please?

17                   MAUREEN: Okay, the first four people that we'd  
18 like to hear from, Joseph T. Perone, Michelle  
19 Parisi, sorry about the name, Carl DeGrazia, Joanne  
20 Ariano.

21                   MR. HENDERSON: Please state your name and your  
22 organization if you represent one too as well.  
23 Thank you.

1           MR. TOMARIS: My name is Harry Tomaris, veteran  
2 of World War II Air Force. I'm beginning my 17<sup>th</sup>  
3 year as a volunteer in recreation therapy, mental  
4 health therapy. My degree's in psychology and  
5 theater. I would like to say that I am so thankful  
6 to the VA Lakeside because it saved my life. I  
7 could have gotten nowhere in time when I had the  
8 stroke, no smoking, no drinking, no problems, no  
9 blood pressure problems. My wife made a joke that  
10 I saw too many beautiful girls going by and my  
11 brain broke. I like that. And I did not stop us, I  
12 did not make her a widow. She is in heaven right  
13 now. She loved very much the VA Lakeside, admired  
14 its people. Wonderful doctors, wonderful nurses,  
15 wonderful therapists. They saved my life and they  
16 have enabled me to continue to serve.

17           That's why I don't want to see the place  
18 go. I love the place. I hope to see the place stay  
19 at least in some measure, outpatient, maybe even  
20 some beds. I say don't sell the place. Save it.  
21 We need it. And there are all those volunteers --

22                           (Applause.)

23           -- thank you. There are all those

1 veterans still to come, thousands now, and we need  
2 -- they need a place like this because many will  
3 live in this community. It's a very good  
4 neighborhood to live in. I've lived here 26 years,  
5 this community and I want to say finally that while  
6 I understand the purposes and thoughts behind the  
7 discussion which were presented very rationally and  
8 very calmly, I still think let's not be too  
9 businesslike about this place. Let's be more  
10 loving about this place.

11 Thank you.

12 MR. HENDERSON: Thank you very much.

13 Yes, please.

14 MR. DEGRAZIA: Carl DeGrazia, State Service  
15 Officer for the Veterans of Foreign Wars.

16 Congressman Davis, on behalf of the  
17 veterans we thank you for your efforts. You have  
18 been a staunch supporter of all veteran's programs  
19 and we sincerely thank you for that.

20 Back when we were doing the consolidation  
21 committee meetings and then of course the decision  
22 came down and the Secretary decided to adopt Option  
23 2 of the study that was conducted by Booze, Allen &



1 about Lakeside when it's available -- when it's  
2 always been available to take the "el" to Chicago  
3 Avenue and walk over there.

4 I'm not unfamiliar with health care and I  
5 know what goes on. My sisters an NP, my uncle was a  
6 rear admiral who spent 36 years in the Navy as a  
7 doctor and pathologist. And all we hear about is  
8 how we can save a buck here and how we can save a  
9 buck there in this presentation this evening and I  
10 think that this is outrageous and I think that the  
11 veterans who live in Chicago who use the Lakeside  
12 are being shortchanged. And I think Northwestern  
13 is being shortchanged. I think the whole program is  
14 being shortchanged. And we need to get back to the  
15 focus of veteran's health care and what are we  
16 gonna do for those that are returning from Iraq,  
17 Afghanistan and everywhere else. We need these  
18 facilities in order to deal with this and I don't  
19 see that happening.

20 MR. HENDERSON: Thank you.

21 MAUREEN: Okay, James Dawlison, W. Malden  
22 Smith, Francine O'Connor, Mr. Mawderessi from  
23 Asonic Service Association, R. Jacobs and Don

1       Blairing, Korean Vets of America.

2               MR. DAWLISON: Good evening, everybody. My name  
3       is James Dawlison. I'm a Vietnam era veteran.  
4       Prior to coming to Lakeside for health care, I was  
5       at Cook County Hospital. They have a strange  
6       system of appointments. They give 135 people the  
7       same hour of appointment for any particular clinic.

8  
9               So since I've come to Lakeside I've been  
10      getting excellent care. I went to Westside several  
11      years ago for an MRI. I had to circle around in the  
12      parking lot for five minutes before I could get a  
13      parking space. We need to worry about the patients  
14      at Lakeside. Westside people are already saying  
15      that they wait three or four hours to see their  
16      doctors when they have a scheduled appointment.

17              The Veterans Affair should be concerned  
18      about us and not sell us out for 12 pieces of  
19      silver. Thank you.

20              MR. HENDERSON: Thank you. We're going to move  
21      over to the other microphone if I could over on  
22      this side here, please.

23              MS. O'CONNOR: Good evening, everyone. My name

1 is Francine O'Connor. I am a stakeholder. I am an  
2 employee. I am a nurse at Hines VA Hospital, a  
3 proud nurse at Hines VA Hospital, a little static  
4 over here, my dear. I'm a member of the DAV  
5 auxillary and I'm a member of Veterans for  
6 Unification.

7 MR. HENDERSON: You're coming through fine,  
8 please go ahead.

9 MS. O'CONNOR: Am I? Okay.

10 I'm not standing here today to simply save  
11 a building but to save health care for veterans. I  
12 think Carl DeGrazio said it very beautifully. I  
13 couldn't be more eloquent, Carl. Before Lakeside  
14 VA relocates its veterans to Westside, I think  
15 Westside VA needs to be truly prepared for them.  
16 Apparently there's no money at this time allocated  
17 to build this wonderful tower as a Westside  
18 addition.

19 (Applause.)

20 Once again I say, there is no money which  
21 has been allocated at this time. The VA apparently  
22 is planning to use the money from the lease or sale  
23 of the Lakeside VA property for this major project.

1     There is one bill, HR-2349 which is in Congress at  
2     this time which requests money specifically for a  
3     Westside VA building, the tower. However, this  
4     bill has not been passed. It's barely been  
5     sponsored. Only five congressmen I believe from  
6     Illinois have even sponsored this bill.

7             Once again, I think two quote Mr. Gordon  
8     Mansfield, I think it's a beautiful line, our job  
9     is to deliver health care to veterans. Amen.

10            MR. HENDERSON: Thank you very much. Please go  
11     ahead.

12            MR. SMITH: Thank you. My name is W. Malden  
13     Smith. I am from the 7<sup>th</sup> Ward in the City of  
14     Chicago. I am a politician there. I met with  
15     Alderman and Committeeman William Beavers yesterday  
16     and Alderman Beavers is behind the veterans. I as  
17     a veteran am behind the veterans and I know that  
18     you all aren't sitting here saying that you don't  
19     know what's happening with your hospital. If  
20     that's the condition that we as veterans are in  
21     now, something is wrong with us. We cannot with  
22     the resources that we have here in this great City  
23     of Chicago sit here and talk about we're letting

1     somebody from a government that we don't see or  
2     that we do see here, that we aren't asking  
3     questions about that we're saying they are  
4     depriving us of our health care behind some smoke  
5     screen that you all don't know about because you're  
6     not that ignorant. You're not that resourceless.  
7     You're not that weak. You're not that powerless to  
8     where you don't have lawyers, you don't have  
9     elected officials, you don't have anyone to  
10    represent you any better than you all are appearing  
11    to be here looking like. You look like you're  
12    helpless. You're saying this great government is  
13    taking our qualified practitioners and our students  
14    from Northwestern University Medical School.  
15    You're saying they're scared to go to the Westside  
16    or that for some other reason they're not going to  
17    the Westside.

18                 You're saying that they're not going to  
19    give you the health care we deserve that we as  
20    veterans deserve and that we have a voice to insure  
21    that we get. Why do they call us veterans?  
22    Because you all have the ability and the desire to  
23    put your foot in someone's, excuse the expression,

1     ass. Has that spirit gone from you all? Are you  
2     all too afraid now to stand up to your  
3     constitutional rights, to stand up to your rights  
4     to require representation, to require an answer  
5     from anyone that would take something from you?  
6     Has it been that long? Have you all forgotten what  
7     it means to fight?

8             Should that be the case, then certainly  
9     something is going to be taken away from us, but we  
10    on the south side in Chicago's great 7<sup>th</sup> Ward, don't  
11    feel that way. We're not going to let anyone take  
12    anything from us legally or illegally. We have  
13    means, we have resources, we have intelligence and  
14    we have a will. Hopefully we have not forgotten  
15    from whence we came, preferably we have not  
16    forgotten where we are and with the help of God, we  
17    will succeed.

18                             (Applause.)

19             MR. HENDERSON: Thank you very much.

20             MR. MARESSI: My name is Molsen J. Maressi, I'm  
21    a Service Association representative and a State  
22    coordinator. Mr. Henderson, I think I wrote you a  
23    letter. In that letter I mentioned that briefly

1 for the sake of argument, I would like to mention  
2 that I said what would be a good idea if the  
3 Lakeside building would be a place for veteran  
4 geriatric research center in all aspect of life of  
5 veteran because we are gonna be young and we're  
6 gonna be old some day and the veteran with all  
7 problem that they have as a result of the rendering  
8 their service to their country, I think deserve to  
9 have a very piece of mind when they get old. If  
10 this research and this kind of idea followed by  
11 Department of Veteran Affairs probably would be a  
12 stepping stone for some other research for some  
13 other people civilian outside the veterans.

14 By that, if you get older and we all  
15 getting older, I'm one of them, we have all kind of  
16 problem. The health is one aspect of life. The  
17 living, transportation, getting along with the  
18 society, knowing what you are doing day by day,  
19 hours by hours and these are the issues that really  
20 never, ever gonna enter into the hospital, any  
21 hospital, any VA hospital, but yet when the  
22 individual leaves the VA hospital or any health  
23 institution, he has to deal with it. He has to be

1 facing it day in and day out, what would be a good  
2 idea if we don't go and forget about all these  
3 ideas and get rid of the building, but if we accept  
4 this idea and we are all put to the point to care  
5 for those that they cannot care for themselves  
6 anymore, I think we did wonderful job for everyone.  
7 And veteran would be more satisfied.

8 I serve in Second War myself but those  
9 that are coming to the hospital, the all the VA  
10 hospital, they aren't old when they talk to them.  
11 Okay, I get my medication but I got to go home and  
12 deal with the rent. I have to think about when I'm  
13 gonna get the time to go to see my children. There  
14 are all kind of issues so why not the Department of  
15 Veteran Affairs be leader in that aspect of life of  
16 this veteran and establish this center, for the  
17 veteran geriatric research center and that building  
18 be dedicated to them. They are the one, our heroes  
19 are the one they give their lives and their  
20 wellbeing for good of this country and our freedom  
21 and they deserve something better than what we are  
22 offering now.

23 MR. HENDERSON: Thank you. Thank you very much.



1 (Applause.)

2 MR. JACOBY: My name is Robert Jacoby of VFW  
3 Logan-Avondale Post 2978. I am currently a  
4 volunteer at Lakeside. Lakeside has done a lot for  
5 me. I had two great surgeries and you can see I'm  
6 walking pretty good. But we had a lot of our  
7 veterans ain't gonna be that lucky. People say  
8 well, our veterans are declining. Why do we have  
9 all these thousands of veterans that you won't let  
10 come in anymore, you've locked them out. I mean  
11 these people are waiting, but the VA won't take  
12 care of them anymore because they can't come in the  
13 system no more, they took them out, but why?

14 Then they want to take down Lakeside,  
15 okay. Why are you spending all this money  
16 renovating Lakeside, putting in new doors, spend  
17 thousands of dollars renovating the building and  
18 you want to get rid of it.

19 And then considering our new boys that are  
20 over there now, when they come back, do you think  
21 that Lakeside and Hines Hospital both are going to  
22 take care of these people and what they're going to  
23 come back with?

1           This is something that you've got to take  
2   into consideration. I see a lot of money being  
3   wasted. The government spends a lot of money on  
4   people that come to this country and give them  
5   property and money but when it comes to the  
6   veteran, there's nothing.

7                               (Applause.)

8           Thank you.

9           MR. HENDERSON: Thank you very much.

10                           Maureen?

11           MR. BLAESING: Good evening everybody. My name  
12   is Donald Blaesing, B-l-a-e-s-i-n-g. I was told  
13   that I was the first Chicagoan to return from Korea  
14   on a stretcher. I spent a year at Great Lakes  
15   looking at the ceiling, then they sent me to  
16   Indiana for three months in the hospital there and  
17   then I was finally discharged four months early  
18   because the government didn't need me anymore.

19                           I am a commander of Korea, K-o-r-e-a,  
20   Veterans of America. I speak for many veterans and  
21   none of them like the idea of closing Lakeside.  
22   Not one that I've talked to has any --

23                               (Applause.)

1               -- has any interest in this new idea about  
2 Westside. I used to go to Westside and I got so  
3 upset over there I started going to Lakeside and I  
4 like Lakeside, I can park there, I have a disabled  
5 vehicle with a wheelchair lift in it and I always  
6 can find a parking place. In the front they have  
7 disabled parking. In the back they have disabled  
8 parking in the street and the driveway. They also  
9 have, they also have a little parking lot 20 some  
10 cars and we have rabbits in the park. Who's going  
11 to take care of our rabbits if they close down  
12 Lakeside? We just have a new litter of rabbits  
13 this year, they're cute. You got to see them. And  
14 the mother came up to me tonight, came right up to  
15 my feet, begging for food and I forgot to bring  
16 something. I can't remember what else to say. My  
17 father died at Lakeside, he was a World War I  
18 veteran. His spirit is floating around in the  
19 elevators. What's gonna happen to him if they tear  
20 that building down? He will have no place to go.

21               That's about all I can think of. Thank  
22 you very much.

23                               (Applause.)

1 MR. HENDERSON: Thank you for your comments.

2 MAUREEN: Okay, we'd like to invite Congressman  
3 Davis to come up now. Also Bill Sheridan, Harry  
4 Tomaris, Reverend Doris Roberts, Dorrie Roberts and  
5 Bob Stein.

6 MR. HICKS: Good evening. My name is Malcolm  
7 Lopez Hicks. My degrees are in economics and  
8 business. So I can fully understand the effort of  
9 the Administration to take over this land. It's  
10 very valuable. I did the appraisals for FHA in  
11 Lincoln Park and you can imagine what the change in  
12 values and how much money has accumulated over  
13 there.

14 I want to say also that for approximately  
15 the last forty of the years I've been coming to  
16 Lakeside. I've been very pleased with the service  
17 I've gotten. It's kept me alive and kept me  
18 walking with at least one leg.

19 I want to say that I'm very discouraged by  
20 some of my cohorts here as well as the  
21 Administration because they seem to be talking  
22 patriotism all the time but when they are in a  
23 position to do something for veterans they don't

1     come through. They seemingly always have plans  
2     that benefit their contributors and their friends.  
3     And I think it is very important that all of the  
4     veterans and particularly the government  
5     organizations to let this kind of administration,  
6     which is not the first of this kind, let them know  
7     that we're not prepared to sacrifice ourselves and  
8     our children for them to come back to a situation  
9     like they are committing themselves to at this  
10    time.

11                   I want to thank you.

12                                   (Applause.)

13           MR. HENDERSON: Thank you very much.

14           CONGRESSMAN DAVIS: Secretary Mansfield, Dr.  
15    Cummings, Mr. Citron, Mr. Henderson, all of the  
16    Veterans Affairs staff who are present, and fellow  
17    citizens. I'm Congressman Danny Davis and as a  
18    result of serious planning, development and  
19    evolution, the Chicago Metropolitan area has one of  
20    the most coherent health care delivery systems in  
21    the nation. Veterans health care services and  
22    facilities have been and continue to be an integral  
23    part of that network and of that system. I have

1     been intimately associated with health care in the  
2     area for more than 30 years, more than 15 of which  
3     I served as executive director of a health planning  
4     organization. As a matter of fact I wrote my  
5     doctoral dissertation on the health care needs of  
6     black Chicago and have spent many years looking at  
7     health care trends and directions.

8                 And so my testimony is both political and  
9     professional. Since the Veterans Administration  
10    has made a decision to close or shut down the  
11    Lakeside Veterans Administration Hospital, a move  
12    which I strongly disagreed with and advocated  
13    against. It is the decision that has been made and  
14    we obviously will have to live with it at this  
15    moment.

16                                 (Chorus of no's,)

17                 All right. Let me just finish.

18                 MALE VOICE: Not if I can help it.

19                 ALDERMAN DAVIS: However, we are at a point of  
20    having to decide what to do with and about the land  
21    and I welcome the opportunity to comment on this  
22    pending decision. Given the fact that the Chicago  
23    Rehabilitation Institute and Northwestern Memorial

1 Hospital, two of the best of their kind in the  
2 nation are land logged and have no physical space  
3 for expansion and since then there are a large  
4 number of veterans who have been accustomed to  
5 receiving health care in this area. I strongly  
6 recommend that this space be used in such a way  
7 that it enhances health care delivery and allows  
8 Northwestern Hospital, the Chicago Rehabilitation  
9 Institute and the current veteran administration  
10 patients to become the beneficiary of this land and  
11 of this transaction.

12 Health care creates jobs and economic  
13 opportunity. The State of Illinois spent \$4.1  
14 billion on Medicaid last year and another \$4.1  
15 billion on federal money that was received. That  
16 created 98,000 new jobs. If Northwestern and the  
17 Chicago Rehab Institute are able to expand to grow  
18 and develop, not only is that going to be in the  
19 best interest of health care for veterans, but it's  
20 really going to be in the best interest of the City  
21 of Chicago. This is one of the most densely  
22 populated areas in the city. The residents have  
23 been saying that they really don't want a lot of

1 additional buildings, a lot of additional shops, a  
2 lot of additional business and commercial activity.  
3 I would hope that the Veterans Administration would  
4 heed the call of the people and make the decision  
5 that is in the best interest of everybody so that  
6 all of us can win.

7 I thank you and it's my pleasure to be  
8 here.

9 (Applause.)

10 MR. HENDERSON: Thank you very much,  
11 Congressman Davis. Thank you for being here.

12 MR. STEIN: Good evening, Ladies and Gentlemen.  
13 My name is Bob Stein. I'm a Chicagoan, a veteran  
14 of World War II and I'm pleased to say I've been  
15 able as my medical needs have arisen over the  
16 years, I've had them satisfied as well as any human  
17 being could hope for at Lakeside.

18 And the issue tonight brings to mind the  
19 question as I see it, have we lost sight of our  
20 objectives? Are we so consumed with the idea of  
21 converting properties that purvey health care to  
22 where they make money for us, they put us into  
23 another business? They do a variety of things



1     which quite frankly as I see it loses sight of the  
2     fact that we are entitled to and currently have an  
3     opportunity to enjoy health care services at  
4     Lakeside second to none and for us to countenance  
5     the idea of moving for mercenary reasons, for  
6     reasons that divert us from our objective I think  
7     is a mistake.

8             I think that Lakeside has a marvelous  
9     location, a staff second to none, a reputation that  
10    precedes it wherever it provides its services. I  
11    think that it's foolish to consider two in the bush  
12    as opposed to a bird in the hand. We have a bird in  
13    the hand that's special and we should preserve it,  
14    keep it --

15                             (Applause.)

16             -- we should do what we can to honor it is  
17    probably the best way I can think of to say it, to  
18    honor the heritage that we are provided by  
19    Lakeside, build on it, expand if you will, but not  
20    take away, not cancel, not disturb people and their  
21    sense of well being who have relied for years on  
22    the services that Lakeside offers.

23             I say do what you will to grow, do what

1     you will to diversify, but don't lose sight of the  
2     fact that Lakeside is what we're all about. We  
3     urge you to keep that in mind when decision time  
4     comes.

5             Thank you.

6             MR. HENDERSON: Thank you very much. And for  
7     those that have spoken, I do appreciate you  
8     adhering to the time limits. Thank you. Next,  
9     please.

10            MR. SHERIDAN: My name is Phil Sheridan. I'm a  
11     retired businessman and a Korean veteran, I  
12     minister the gospel and the director of a small  
13     ministry on the south side of Chicago where we  
14     collect and deliver food, clothes, furniture and so  
15     forth to people who need it.

16            I don't want to see them close Lakeside  
17     but I'm glad that I heard Danny Davis offer an  
18     attitude of cooperation. I don't believe the  
19     government is trying to do anything to hurt us, but  
20     politicians can see and not see sometimes and it  
21     sounds to me like he's looking at both sides of the  
22     picture and I hope we don't get so intransigent  
23     that we won't listen to anything that opposes our

1 emotional attitude about Lakeside.

2 MR. HENDERSON: Thank you very much. Maureen  
3 might call up several so we've got some and can  
4 move along the process.

5 MAUREEN: Dell Yarnell, David Ramirez, Rochelle  
6 Crump, William Miller, Daniel S. Bargrusk.

7 MR. HENDERSON: Okay, thank you very much,  
8 Maureen. Yes, please go ahead.

9 REVEREND ROBERTS: Good evening. To my  
10 Congressman, the illustrious Danny Davis, to all of  
11 the attendees, those of you who have come to hear  
12 what and how this hospital has affected us.

13 MR. HENDERSON: You might want to state your  
14 name and your organization.

15 REVEREND ROBERTS: My name is Reverend Doris  
16 Roberts. I'm Associate Minister at the Antioch  
17 Missionary Baptist Church. I'm the President of  
18 the South Side branch of the NAACP and I haven't  
19 seen Attorney Smith since we were in the JC's  
20 together and he became an exhausted rooster. But  
21 however, I do feel personally that this is an  
22 affront on me. On the 27<sup>th</sup> of November I had a  
23 heart attack. My son rushed me over to Lakeside.

1 It was approximately 2:00 in the afternoon. By the  
2 time we got from 79<sup>th</sup> Street to Lakeside, I wasn't  
3 able to get out of the car.

4 I was given excellent care here at  
5 Lakeside. On the 18<sup>th</sup> of December, while being  
6 hospitalized, a second heart attack and on the 20<sup>th</sup>  
7 of January, while riding the "el" one evening, I  
8 had a third heart attack. And I see faces in here  
9 tonight that are like angels to me and they  
10 probably remember me as number R0835. But I know  
11 that I would not be alive today if it had not been  
12 for the people at Lakeside. And what they couldn't  
13 do, they transferred me over to Milwaukee and we  
14 got it done. But I stand here tonight as a product  
15 of Lakeside. In fact I got a rebirth -- in reality  
16 I got three rebirths at Lakeside. I got one at  
17 Antioch, but I got three at Lakeside. And it was  
18 at one point in my life that I didn't think that I  
19 would leave that hospital, but if it had not been  
20 located where it is -- in fact this evening, I left  
21 work, my son didn't pick me up because I haven't  
22 driven since the 27<sup>th</sup> of November, I had to take  
23 public transportation. I took the bus, the 95

1 coming from 95, number 3 bus, the King Drive bus  
2 and I came directly to Lakeside and I think that  
3 this hospital means more to most of us in this room  
4 than the plans that you have to get rid of it and  
5 what you do with it.

6 We're spending billions of dollars, and  
7 our kids are getting killed and we are quibbling  
8 over a few dollars about a hospital that has saved  
9 many lives. God bless you and keep you.

10 MR. HENDERSON: Thank you very much. We're  
11 going to move over to the other microphone, over to  
12 this side here, please. Go right ahead.

13 MR. RAMIREZ: Okay. My name is David Ramirez.

14 MR. HENDERSON: Move a little closer to the  
15 microphone. Just move closer. There you go.

16 MR. RAMIREZ: My name is David Ramirez. I'm a  
17 Vietnam veteran, '68-'69 and I represent the R.  
18 Baldy Contracting Company. My partner, Ron  
19 Baltierra is also a Vietnam veteran. We'd like to  
20 know under what opportunities were the veterans  
21 given a chance at the pre-planning stages for this  
22 Enhanced Use Leasing? That's one. I'd like to  
23 have this on the record so I can have some input

1 appropriate time to do it. Let's go ahead and move  
2 on if we could please.

3 MS. CRUMP: Good evening. My name is Rochelle  
4 Crump. I'm the Director of Veterans Affairs for  
5 the City of Chicago and soon to be a state  
6 appointment.

7 MR. HENDERSON: Congratulations.

8 MS. CRUMP: Thank you. But tonight I just want  
9 to be a veteran.

10 (Applause.)

11 MS. CRUMP: I'd like to also thank Congressman  
12 Danny Davis for coming out and I think it's very  
13 important that our legislators speak out on this  
14 process or it affects all of us and it would be  
15 just a shame if we lose our affiliation with  
16 Northwestern.

17 Chicago was identified as a pilot project,  
18 I believe, the lady asked earlier how many other VA  
19 facilities had undergone this process. And I don't  
20 think that any other VA has in any other state and  
21 if that's the case, then I think the VA should just  
22 tell us the truth and that slide that you showed us  
23 that said that Enhanced Use Lease Projects are all

1 across the country, it should also say but never at  
2 a VA facility. It's never happened at a VA  
3 facility.

4           You also stated -- you also promised that  
5 VA Lakeside would remain an outpatient clinic. You  
6 stated in your slides that the purpose is to  
7 enhance VA's programs and projects. Will it allow  
8 you to implement a homeless veteran's project right  
9 herein the Gold Coast? That's enhancing VA  
10 programs as well.

11           I'd like to also know how the HR, the  
12 House Resolution 2349 will impact this project.  
13 Congressman Lane Evans has introduced it. Right  
14 now there's only six sponsors on it. I'd like to  
15 encourage everyone here to call their congressmen  
16 and ask them to sign onto that bill. In his  
17 statement he indicated because of the importance  
18 and the urgency of this project, my legislation  
19 would prohibit VA Chicago from disposing in any  
20 manner of the Lakeside Division without first  
21 entering into a contract for the construction of a  
22 new bed tower promised to Chicago area veterans.  
23 The money is not there for Lakeside -- for Westside

1 Tower. I believe that the Enhanced Use Lease of  
2 Lakeside primarily is supposed to be the money used  
3 for that project and we should be supporting HR-  
4 2349 until that money is there. Thank you.

5 MR. HENDERSON: Thank you very much for your  
6 comments.

7 Maureen?

8 Yes, sir, please go ahead.

9 MR. MILLER: Yes, my name is William Miller.  
10 I'm 81 years old and a veteran of World War II, the  
11 Naval Air Force. I served in the Pacific and  
12 Atlantic and then the Pacific winding up in Japan.  
13 I came back to Chicago where I was born and started  
14 going to Lakeside for medicine and for examinations  
15 and they treated me like I was something special  
16 because they gave me examinations, gave me  
17 appointments, gave me prescriptions for medicine  
18 and for me who I lived in Chicago, for me to see  
19 Lakeside close would be a dastardly thing and I  
20 hope it never happens.

21 Thank you.

22 (Applause.)

23 MR. HENDERSON: Thank you.



1           MAUREEN: Anthony Morosa, Brother John Bush,  
2           Mike Lyons -- oh, of course, and Paul Valetta.

3           MR. YARNELL: Good evening. My name is Dell  
4           Yarnell. I'm a recent patient at Lakeside, but  
5           what I'd like to say is I was in the first  
6           occupation troops going into Japan at the end of  
7           World War II. I went to medical school in Osaka,  
8           Japan and got very good training. However, being a  
9           foreign country to the Americans, we knew very  
10          little about diseases and the different kinds of  
11          injuries that were received in being in such an  
12          area.

13                 At one point I was the only medic among  
14          5,000 troops. If I'd only had information about  
15          the diseases, 12 different venereal diseases at the  
16          time, they couldn't even pronounce the name. If I  
17          knew how to treat any of the things that came to me  
18          into that little dispensary it would have helped  
19          immensely and many of those GI's are probably still  
20          suffering from things that were never researched.

21                 The Veterans Administration government has  
22          barely recognized what Agent Orange has done to our  
23          veterans even yet. This place at the Lakeside site

1 is a vital center for research information. I'd  
2 like to pick up on my friend Mosha Modereski's idea  
3 that research is so vital to the treatment of the  
4 men and women who do serve this country. Don't let  
5 this site go because it's convenient at this time  
6 for economics or other reasons. It is vital for  
7 our treatment and our information for ongoing  
8 service to what's to come.

9 Thank you.

10 (Applause.)

11 MR. HENDERSON: Thank you very much.

12 MR. BIGROWSKI: Good evening, my name's Dan  
13 Bigrowski. I'm the First District Commandant for  
14 the Department of Illinois Marine Corp League. I'm  
15 here stating that we do not want Lakeside closed or  
16 any veterans hospital closed. I see by your  
17 proposals over there you're saying we're going to  
18 get increased monies that fund VA, but I don't see  
19 you saying that over there that the GAO is not  
20 gonna reduce the money that they have funded for  
21 next year, the year after that, any program that  
22 they say that we're gonna be making money in, the  
23 government always starts taking one away because it

1 shows that you're making money. They will not give  
2 you a bigger allowance for it because they say  
3 you're making money. But you're telling us here  
4 that we're going to be making money and somebody up  
5 there in Washington is gonna start looking and  
6 saying well they're making money, they don't need  
7 anymore benefits. And I'm a veteran of the post  
8 office and I've seen it happen there.

9 Money promised by the government was taken  
10 away and given to the agency to take care of the  
11 retirements and any other programs that we've had.  
12 So all I can say to the veterans is look forward,  
13 they're giving you one thing with one hand and  
14 taking it away with the other.

15 (Applause.)

16 MR. HENDERSON: Thank you. Yes, sir.

17 MR. COLETTA: Yes, I'm Paul Coletta. I'm a  
18 service officer with the American Legion and the  
19 DAV. I would have to agree with what was said  
20 before that the Booze, Allen, Hamilton study was  
21 not accurate. I feel that when that study was  
22 done, it wasn't centered around whether we're gonna  
23 have anymore wars after Desert Storm. Like I know

1 a lot of us veterans have read in magazines about  
2 veterans waiting a year or two years to get an  
3 appointment to see a doctor. Now what are the --  
4 how long are these people in the future wars gonna  
5 wait to see a doctor when they need treatment at  
6 these hospitals?

7 And another thing I would have to agree  
8 with what somebody else said, we talk about the  
9 politicians. Like they talk big things on Veterans  
10 Day. One day of the year how they recognize us  
11 veterans. What do they think of us the rest of the  
12 364 days of the year.

13 (Applause.)

14 And then one thing I think they fail to  
15 realize where would they be today if it wasn't for  
16 the veterans and who put this country on the map?

17 (Applause.)

18 MR. HENDERSON: Thank you for your comments.

19 BROTHER BUSH: Good afternoon, my friends. I  
20 hope we'll be friends when I get through with this  
21 talk. My name is Brother John Bush. I'm from St.  
22 Peters Church in downtown Chicago and I've been  
23 fighting violently ever since winter of 2001 when I

1 score because a lot of this BS and baloney is  
2 concocted this great sales talk, that's like my  
3 piano sales talk. That's baloney. Now here's  
4 another thing. Was this supposed to be a public  
5 hearing? I'd like to know, how many papers did you  
6 advertise in besides the Chicago Defender?

7 (Applause.)

8 Who the heck reads the Defender? Could  
9 you please tell me that? Did you advertise in the  
10 Tribune or the Times?

11 MR. HENDERSON: The ah, it was in all of the  
12 major papers in Chicago.

13 BROTHER BUSH: Well, that's the only one I knew  
14 about, but you know I got such a bad feeling  
15 towards you executives I don't give you credit for  
16 anything.

17 MR. HENDERSON: I'm surprised.

18 BROTHER BUSH: Actually, that commission you're  
19 talking about, that CARES Commission, everybody on  
20 that Commission should be a veteran because those  
21 are the ones with the sympathy for the poor down  
22 and out drunk and guys with mental illness, guys  
23 that are living in a Pacific Garden Mission.

1 Thank you for listening.

2 (Applause.)

3 MR. HENDERSON: Thank you very much. Thank you  
4 for your comments.

5 We're going to go over to the other  
6 microphone. Maureen there might be a few more that  
7 you might want to call up. We're going to be  
8 taking a break in about five minutes or so. Let's  
9 try once again, please. Yeah, you're coming  
10 through. Just work close to the microphone.

11 MR. RYAN: Good evening. My name's Mike Ryan.  
12 I'm retired from the United States military after  
13 28 years.

14 MR. HENDERSON: I'm going to ask you to step  
15 over to the other mike. Move over to the other  
16 microphone, please. We are having some technical  
17 problems. We apologize.

18 MR. RYAN: You did a nice job.

19 I spent 28 years in the United States  
20 military, Vietnam, the Cold War, Desert Shield,  
21 Desert Storm and the War on Terrorism. I've been  
22 going to Hines VA Hospital for over 20 years and  
23 I've used Lakeside occasionally. But what got me

1 to understand something was when the American  
2 Medical Accreditation of Colleges came out and  
3 stated Northwestern students as number 3 in the  
4 nation. And somebody said they were closing  
5 Lakeside. I said well I may as well go turn my  
6 Cadillac in for a Volkswagen, you know, on  
7 something like that.

8 We are losing some of the finest  
9 educational individual students in the country,  
10 whether it be behind John Hopkins or the other  
11 schools, Loyola, University of Chicago Medical  
12 Center. These are ranked right up there, and here,  
13 if it wasn't for the doctors and the nurses who  
14 worked there before and who did they work with?  
15 They worked with us, the veterans. And that's who  
16 they should be continuing to work for. And they  
17 shouldn't close it because now with Homeland  
18 Security and you're asking about weapons of mass  
19 destruction and you want to tear down a hospital?  
20 Where are these people going to go if something  
21 does happen?

22 Common sense would say if we've got enough  
23 medical care, okay, whether it be nuclear,

1 biological, where are they gonna go. The veterans  
2 are gonna ask hey, we can go to Lakeside. Lakeside  
3 is now a condominium complex. Oh, okay, we'll have  
4 to go to Westside. Westside's destroyed because  
5 it's within the impact area. That means they're  
6 going to have to go to Hines, preferably if the  
7 cloud doesn't get there first.

8 So maybe we should start thinking about  
9 other things that are needed, the care, the  
10 education, and above all, the people, not people's  
11 pockets.

12 Thank you.

13 (Applause.)

14 MR. HENDERSON: Thank you.

15 MR. LYONS: My name is Mike Lyons. I'm a  
16 veteran of Vietnam and also a lifetime member in  
17 Veterans of Foreign Wars though I'm not speaking to  
18 represent them.

19 The only good I think that will come of  
20 this hearing is that I will go on the record along  
21 with the other veterans to express our concerns. I  
22 wish Secretary Principi were here tonight because  
23 if he were here because if he were here, because I



1 think he's in town, he probably has something  
2 better to do, if he were here I'd ask him about  
3 Starbuck, who is going to represent the leasing of  
4 the VA facility when you go through with this. And  
5 I'll ask him about his graduation from the Naval  
6 Academy -- when Director Principi graduated from  
7 the Naval Academy. And I'll ask were they close,  
8 do they know each other, how did he get chosen.

9 Now I'm a Chicagoan, I'm a cynic. I  
10 always think the fix is in. Well let me tell you  
11 something, you give me a lot of good case for it.  
12 In the Naval Service Academy, you're given a code  
13 of honor and the code of honor would dictate that  
14 if you did a plan based on things that have  
15 changed, you would change the plan. If you didn't  
16 do that or if we service veterans, combat veterans,  
17 didn't do that, we wouldn't be here, we'd be dead.

18 Well you've got to change your plans. We  
19 are involved in two, not one, two active conflicts,  
20 Afghanistan. People are still being hurt. Iraq,  
21 they're saying five years, five years minimum.  
22 They're talking about rotating troops out, rotating  
23 them in, rotating them out. As a Vietnam veteran I

1 certainly understand the concept of rotation. I  
2 can't wait till your letter suburban doc in the box  
3 clinics that you're going to try to build, try to  
4 take care of the veterans that are coming back.  
5 Now I'm wasting my energy and my voice at night.  
6 The only thing I'm getting out of this is I'll be  
7 on the record so that you understand, I understand  
8 the fix is in on this. You put the fix in, you told  
9 you'd keep it open, you didn't and now you're gonna  
10 go ahead and close it even before you build the one  
11 on Westside.

12 I've been a patient of Lakeside and I've  
13 been a patient of Hines, they are both excellent  
14 facilities. But Hines is too crowded. They were  
15 turning people away last year and now you're  
16 producing more veterans. You know guys, when you  
17 put in the fix, please come and consult with me  
18 because I can tell you how to do it so you won't get  
19 caught.

20 (Applause.)

21 MR. HENDERSON: Thank you.

22 (Whereupon, there was a  
23 short pause in the

1 proceedings.)

2 MALE VOICE: My statement, this property is so  
3 vital to the vets to the extent of location, it's  
4 easier, accessible to people from the outer city  
5 and it's necessary. My question, is it possible  
6 for this location to be shared by the new tenants  
7 with respect to outpatient treatment and services.

8 Thank you.

9 MR. HENDERSON: Thank you. We'll take one more  
10 and then we are going to take a short break for  
11 everyone.

12 MAUREEN: Harold Siegel.

13 MR. HENDERSON: Just one more Maureen and then  
14 we're going to take a short break.

15 MAUREEN: Okay.

16 MR. HENDERSON: Everyone will have a chance to  
17 speak tonight that wants to.

18 MR. SIEGEL: Harold Siegel, Vietnam veteran. I  
19 don't like to point fingers but I wish the panel  
20 would show that this is of a little bit more  
21 interest to them. Dr. Cummings, thank you for  
22 coming in ten minutes late. We all had the same  
23 break you did, but we got in and we showed that we

1     paid attention to you. I don't think that any  
2     studies have shown that the VA Lakeside is very  
3     accessible from the south side and the north side.  
4     I wish any one of you panel members would try to  
5     get to Westside during rush hour traffic down the  
6     expressway. That adds another hour to an hour and  
7     a half.

8             Has any studies been done on centrally  
9     located something. That's why all these people  
10    like to come to the Lakeside VA. You're taking and  
11    putting us farther and farther out and if you go  
12    when it's not rush hour traffic you'll get there in  
13    20 minutes. Do it during rush hour traffic.

14            My father was a veteran of World War II.  
15    They did some studies on him. I'm of the Jewish  
16    faith. The VA and Lakeside took such good care of  
17    him that we let them perform an autopsy on him,  
18    maybe helping some of the heart patients today.  
19    They have made a lot of breakthroughs at  
20    Northwestern and we need it and it should be kept.  
21    If not even at an outlook of saving just one other  
22    person's life.

23            Take a little bit more money for the vets

1     instead of making war and spending all that money  
2     there on making war.

3             Thank you.

4             MR. HENDERSON: Thank you very much. We are  
5     going to take a ten minute break. We will resume  
6     our comment portion right after that. We will  
7     resume in ten minutes. Thank you. Thank you for  
8     your professionalism.

9                     (Whereupon, a short break  
10                    was had in the proceedings.)

11            MR. HENDERSON: Ladies and gentlemen, if you  
12     would take a seat we will resume the comment period  
13     this evening. Maureen, do we have some more names,  
14     please.

15            MAUREEN: Gene Soloman, Edmund Burke, Gerald  
16     Blackburn, Tom Slattery, Peter Winbush, Tom Morin,  
17     Jimmy Villaberg.

18            MR. HENDERSON: Thank you, Maureen. Are we  
19     ready, Steve? Okay, please begin.

20            MR. SOLOMAN: Thank you. My name is Gene  
21     Soloman. To be honest with you, I don't think and  
22     I can only hope that I can be as eloquent as some of  
23     the people who have spoken before me. But if

1 anybody realizes that the suits have talked already  
2 and be careful if they take out their sunglasses  
3 and shiny objects from their face or from their  
4 pockets because that's Men in Black, and you can't  
5 believe what's going on. And I hope that we have  
6 an opportunity, this is not a fete accompli, that  
7 the Lakeside Hospital would be closed.

8 Chicago's armed services veterans must  
9 avoid losing affiliation with Northwestern's  
10 physicians and cutting edge medical schooling and  
11 training center. The loss of inpatient beds and  
12 hospital care is and was a devastating turn of  
13 events for armed service veterans living in the  
14 city and close to north and northwestern suburbs.  
15 Primary care physicians assigned to service the  
16 veterans population at Lakeside are amongst the  
17 best trained in the country. In addition, they  
18 have lifesaving emergency back-up facilities at one  
19 of the nation's foremost leading edge hospitals  
20 that of Northwestern University's Medical Center.

21 It's reasonable to expect nothing less  
22 than to conveniently accessible facilities for the  
23 best medical staff and technologies for those who

1 have given of themselves in service to our country.  
2 A serviceman is trained to give of himself without  
3 reservation, even at the risk of dire loss of limb  
4 or life with the unspoken understanding that  
5 appropriate help and aid will be at the ready when  
6 and if necessary.

7           The slow erosion of services to those who  
8 have committed themselves to that promise is a  
9 national disgrace and a local travesty. I'm  
10 certain that there are hundreds of thousands of  
11 vets who never flinched at the idea of enlisting.  
12 You see it was an obligation to serve my country  
13 and in appreciation of being first generation  
14 American, notwithstanding several available  
15 deferments, my immigrant parents didn't flinch  
16 either in giving their consent to their under aged  
17 only son. Let's see, did they ask if somebody were  
18 -- or something were to happen that medical  
19 assistance would be on hand to perhaps save a life?  
20 No, because it was a given that in serving America  
21 that we Americans should do all within our power to  
22 take care of our own.

23           Did the guy in the wheelchair ask that if

1 he took this hit would he be inconvenienced his  
2 entire life by having facilities close to home and  
3 his family to go for treatment? No, because it was  
4 unimaginable that who and what he was fighting for  
5 would ever let him down.

6 I remember a fellow veteran who was  
7 quadriplegic and an inpatient at Lakeside VA  
8 Hospital. I met him several years ago and he had a  
9 great attitude and I guess you'd say a lust for  
10 life, especially considering what he'd been dealt.  
11 He served in Vietnam and left behind what most  
12 would consider everything needed to carry on. Yet,  
13 when he was carrying out orders on the battlefield,  
14 did he ask if it would be convenient to have a  
15 support group or family or friends nearby. No.  
16 Because centrally located Lakeside was accessible  
17 by transportation enabling frequent visits of life  
18 giving emotional support.

19 It's impossible to put a value on the  
20 physical plant. The sole purpose of which was to  
21 mend those who willingly volunteered and fulfill  
22 their obligations and service to their country. To  
23 look upon this site that of Lakeside VA Hospital as



1 just another tract of land which could command some  
2 fleeting value is to ignore its lofty and higher  
3 purpose.

4 Make no mistake about it. Lakeside  
5 Hospital isn't a shrine or a landmark. Some think  
6 of it as not even pretty. Unless you consider what  
7 it meant to the staff and patients whose lives were  
8 altered through effective medical treatment there  
9 and those whose lives they altered one way or  
10 another by reason of its survival or its loss.

11 I mean it's not as though Chicago's Water  
12 Tower isn't on a valuable site. Certainly somebody  
13 could find a higher and better use for it,  
14 economically that is. So everything needn't be  
15 measured solely in terms of dollars and cents.  
16 After all what is the dollar value of the land  
17 underlying the former World Trade Center? Can a  
18 dollar value be put at all relevant in determining  
19 whether a memorial should be its replacement?

20 More importantly, there are often  
21 situations in which dollar value is not at all  
22 relevant. The cause at hand may be just one of  
23 those invaluable and urgent situations. Centrally

1 located in the heart of Chicago quickly accessible  
2 by public transportation and emergency vehicle from  
3 every part of the city has made the medical complex  
4 of Northwestern Medical, Lakeside VA and other  
5 medical facilities one of the areas best in the  
6 country such a concentration for urgent and  
7 effective medical treatment.

8 The most exalted purpose for the Lakeside  
9 Hospital is to keep the promise to be there for  
10 those that were there for us when the nation called  
11 to serve them as they've already served us, with  
12 pride and commitment that states emphatically and  
13 simply, we're here for you. We owe it to the  
14 health care seeking veterans of Chicago to maintain  
15 as operational the VA's Lakeside facility.

16 I'm preparing a letter to the congressmen  
17 and senators in Congress and in Washington, D.C.,  
18 with a little flag that's upset down and most of  
19 the veterans realize what that is. That means  
20 we're under siege and the loss of VA hospital is  
21 the loss of a very important thing for American  
22 veterans.

23 Thank you. There's a petition that I have

1 outside and I hope that you'll all sign this. This  
2 will go along with this letter to congressmen.

3 (Applause.)

4 MR. HENDERSON: Thank you for your comments.  
5 Maureen.

6 MR. BURKE: I'm a veteran of the Second World  
7 War --

8 MR. HENDERSON: You might want to state your  
9 name.

10 MR. BURKE: Edmund Burke.

11 MR. HENDERSON: Thank you.

12 MR. BURKE: The hospital situation with  
13 Northwestern is very important because it is one of  
14 only two hospitals in -- veterans hospitals in the  
15 United States that has an actual bridge to a major  
16 hospital. In the event of an emergency this is  
17 very important. I've already experienced this when  
18 I had an angioplasty and they had set up in  
19 Northwestern Hospital for open heart surgery in the  
20 event that something went wrong. It's also been a  
21 very important thing because it is immediately  
22 available and you have a very short distance to  
23 travel as opposed to approximately it's an hour and

1 a half by -- I've seen this six to eight miles, but  
2 it's an hour and a half by public transportation  
3 and by cab it's -- or by ambulance it's hard to say  
4 how long it's gonna take in the event of an  
5 emergency such as I experienced when I had a  
6 blocked intestine and I was on the operating table  
7 within a matter of a few hours at Northwestern. It  
8 would have been a long time if it had been at the  
9 Westside or other facilities.

10 This I think as a major consideration, and  
11 also I think that the VA is placing a little bit  
12 too much, at least for my purposes on parking  
13 spaces on the Westside because we take public  
14 transportation and that is not the thing that is  
15 really enhancing any of our ability and our  
16 treatment. Being able to be near enough to get to  
17 the facilities within a short period of time is  
18 certainly something that is very, very important.

19 Thank you very much.

20 (Applause.)

21 MR. HENDERSON: Thank you.

22 MAUREEN: Bruce Perry, Ed Nero, Ann O'Donnell,  
23 Rich Kane, Robert Barker and Manuel Freari.

1 MR. BLACKBURN: My name is Jerry Blackburn and  
2 I'm a Korean vet. In France in the center of  
3 Paris, not far from the Eiffel Tower, is a French  
4 veterans home and hospital where French veterans  
5 can arrive with pride in front of all of the French  
6 people and all of the tourists that visit France.  
7 It's a flagship of the Veterans Administration care  
8 in France.

9 I'm a Chicago person, I was born and  
10 raised here. I've been treated at Lakeside for 30  
11 years. It's always been a source of pride at  
12 Lakeside that I was treated in the center of  
13 Chicago. It would be a shame to the Veterans  
14 Administration, to the politicians of Chicago and  
15 Illinois to close Lakeside and to this sitting  
16 President as well.

17 Dr. Cummings, Congressman Davis, I call  
18 upon you to spearhead a drive to restore Lakeside  
19 to its former glory and make it a flagship of the  
20 Veterans Administration care for the American  
21 veteran.

22 (Applause.)

23 MR. HENDERSON: Thank you.

1           MR. PERRY: My name is Bruce Perry. I'm a  
2 combat veteran from Vietnam. I use Westside VA and  
3 I'm an economist. And I just want to echo the  
4 comments of my colleague that came up and said that  
5 we know this is a pretty done deal and that the  
6 result of us coming up here is that we're on the  
7 record. I'd also like to say it does my heart good  
8 to see at least we are keeping you up and keeping  
9 you from doing something else for the evening, so  
10 we get those benefits out of it.

11           I think it's pretty clear from what  
12 everybody has said and it's been pretty clear for  
13 some period of time that the veterans of Chicago  
14 stand strongly against the closure of Lakeside VA.  
15 I speak for Veterans for Unification. We have  
16 stood against the closing of Lakeside VA for  
17 literally for years. It's also very clear from the  
18 comments that the trust of the VA is completely  
19 dwindled away and any credibility has been spent  
20 and I have to really say that that's due to a lack  
21 of broad communication and I think a number of  
22 people have commented about the hearing tonight and  
23 the amount of publicity. We have some of your

1 brochures which is pretty much the announcement of  
2 what's going on.

3 I also find it very interesting that Dr.  
4 Cummings pointed out that the entire deal with  
5 Lakeside will be consolidated, the timeline is by  
6 December if I could read your very rapidly changing  
7 slide. So it's already decided what the time line  
8 is going to be. We already know about Roger  
9 Staubach and Principi, Anthony Principi and I'd  
10 also like to point out that the first time I had  
11 really seen it and realized it was tonight on Mr.  
12 Citron's slide that they actually combined Lakeside  
13 and Westside so that it could be categorized as a  
14 multi-campus hospital and you put on that one of  
15 the cares and considerations or maybe it's one of  
16 the other presentations, one of the cares and  
17 considerations was to consider campus hospitals.

18 Well Lakeside and Westside were completely  
19 separate until you made them a multi-campus  
20 hospital. So I believe that the deal is already  
21 done. I believe what you've presented to us  
22 tonight is already shown us that your timeline is  
23 done. I want to emphasize a couple of things that

1 have been said. First of all, even the City  
2 Council of Chicago called for the property to be  
3 used for a medical facility to remain to use this  
4 property within the context of providing health  
5 care to veterans. I think that's extremely  
6 important. I think that many people have already  
7 talked to the fact that the probable long-term  
8 effect of a severing if not of the total  
9 relationship with Northwestern at least a  
10 significant relationship with Northwestern is  
11 seriously detrimental to the veterans but to  
12 concerned Americans and Americans who are concerned  
13 about their health care for some period of time.  
14 It's very important then that we continue the use  
15 of it.

16 I also would like to point out that the  
17 fact that the VA can use the word enhanced as in  
18 Enhanced Use or as in capital asset realignment for  
19 enhanced uses and use it 82 times on your  
20 presentation doesn't mean that you're enhancing  
21 anything. What it actually means is that every  
22 time you use it is that you are decreasing the  
23 services to veterans. And your own presentations



1 show that that is the case. We know it's the case,  
2 we know we have very, very long lines. We know  
3 that entire sections of veterans have been first  
4 recategorized and then separated out from the use  
5 of the VA. We know that limitations have been  
6 placed on active duty veterans and the time period  
7 that they can come to the VA after their active  
8 duty period and people have already pointed out, I  
9 personally came on the 20<sup>th</sup> anniversary of my  
10 arrival in Vietnam. Plus it takes that long for  
11 some of these things to develop and I was a young  
12 man then, I didn't have the health care concerns  
13 that I had later.

14 So I'm extremely concerned -- the other  
15 thing I want to raise, of course, is 2349, it's a  
16 House Resolution sponsored by five people, six  
17 people now including Representative Davis which  
18 calls for insuring that the funding of the Westside  
19 Tower which was such a nice portion of your  
20 presentation, but nobody bothered to mention that  
21 there is no funding for the Westside Tower. That  
22 this is still pie in the sky and if the timeline to  
23 curtail or to give away Lakeside to use the

1     Enhanced Use is by December '03, if I caught your  
2     slide correctly, the beginning of the process for  
3     the tower at Westside is in August of 2004. So  
4     there's more than enough lag time to say well we  
5     didn't get the funding and that isn't going to  
6     happen.

7             House Resolution 2349 calls for the  
8     funding of Westside Tower to be in place and  
9     appropriated prior to any Enhanced Use Lease for  
10    Lakeside to insure that the promises that have been  
11    made are actually carried out. I think that's  
12    extremely important.

13            MR. HENDERSON: Could I ask you to conclude your  
14    comments in the next moment.

15            MR. PERRY: That's what I'm concluding with.  
16    It's extremely important and I hope that you'll  
17    take these to heart.

18            MR. HENDERSON: Thank you very much. Thank you.

19                             (Applause.)

20                    Yes.

21            MS. O'DONOHUE: Hi, my name is Jenny O'Donohue.  
22    I'm a nurse practitioner at VA Chicago. A couple  
23    things I wanted to say is it seems the VA is a penny

1 wise and a pound foolish with the taxpayers  
2 dollars. Hines is a classic textbook example of  
3 pork barrel waste. Too many chiefs and not enough  
4 Indians. An example of some of this waste, Hines  
5 tore up a perfectly functioning parking lot, one of  
6 their many parking lots after they have placed  
7 about two dozen \$8,000 cement pillars all to  
8 beautify the parking lot. This was done last  
9 summer.

10 Last week they broke ground on the parking  
11 lot to build another building. This is one of the  
12 several examples that happens in the VA of making  
13 plans and not following through or seeing if those  
14 plans that were made years ago need to still be  
15 done at the present time.

16 Lakeside had made a telemetry unit last  
17 year when we knew that we were closing. This is  
18 just a lot of excessive waste that's being done.

19 Another problem, patients were sent to  
20 Loyola because there were not enough beds at Hines  
21 over the past winter. Why weren't they sent to  
22 another VA. Lakeside and Westside had openings.  
23 It appears Washington mandates a change and the VA

1 administration tells them what they want to hear,  
2 without actually assessing the outcomes of the  
3 mandate. For example, Lakeside inpatients will be  
4 transferred to Westside next week, however, last  
5 week three Westside patients were transferred to  
6 Lakeside because there were not enough beds at  
7 Westside.

8 I would like to invite the GAO and any  
9 other office that makes suggestions to actually  
10 visit the VA instead of relying on paper data  
11 provided by the people with the desire to move up  
12 the ladder. We have been lied to repeatedly. We  
13 were told Lakeside would close in seven years, then  
14 four, then three, then eight months. I do not know  
15 why the timeline was advanced so fast but I can  
16 tell you it has certainly not been to the benefit  
17 of our patients. Westside is not yet prepared to  
18 handle the patients we serve in Chicago. Go to the  
19 specialty clinics at Westside and you'll see that  
20 patients and providers are waiting in the hall for  
21 a room. How can the government justify the rush  
22 when Westside is not prepared to accommodate the  
23 veterans yet.

1                   Many of these decisions related to CARES  
2   were provided prior to the hundreds of thousands of  
3   service men and women sent overseas. It has  
4   already been stated that the VA cannot accommodate  
5   all the nation's vets. We no longer can actively  
6   inform vets of the services that they can receive  
7   at the VA. There are six months to three year  
8   delays at some VA hospitals just for an appointment  
9   and I would like to remind Congress that there is  
10   an election year coming soon and many veterans not  
11   only those that have served but those that are  
12   currently serving and their friends and families  
13   care about how our nation will serve its veterans  
14   and we do vote.

(Applause.)

16 MR. BARKER: Good evening, my name is Robert  
17 Barker. I'm a Vietnam veteran. I'm also a  
18 disabled vet. But more importantly I have been an  
19 employee of the VA Lakeside Hospital for almost 20  
20 years. And in that time I have seen you spend  
21 money to renovate and remodel the 15 West and East  
22 for the purpose of improving the conditions for  
23 inpatient psychology care only to close the wards

1 down. You have remodeled the 14<sup>th</sup>, 13<sup>th</sup>, 12<sup>th</sup> and  
2 11<sup>th</sup> floors only to close the 14<sup>th</sup> and 13<sup>th</sup> floors  
3 down for inpatient services.

4 You have remodeled the 9<sup>th</sup> floor for  
5 outpatient surgery only to use half the ward. You  
6 have remodeled the ER and the clinic area on the 1<sup>st</sup>  
7 floor now only to say to reduce the service and the  
8 use of the ER. You replaced all the fire doors and  
9 redone pharmacy. You have done all these things  
10 and like you told us, you said when we first heard  
11 about the integration, none of the services at  
12 Lakeside would be reduced.

13 Well, that's not true. I think it's time  
14 for you to be truthful and honest with these  
15 veterans and the public and admit that you really  
16 don't care about what they think or how they feel  
17 about your plans because they are already a done  
18 deal. Contrary to what we always say, we do not  
19 put veterans first.

20 (Applause.)

21 MR. HENDERSON: Thank you.

22 MR. WARREN: My name is Tom Warren. I'm a  
23 veteran and I spent 25 years in hospital

1 administration. I probably am one of a lot of  
2 veterans who were afraid of the Veterans  
3 Administration Health Care Network, you hear a lot  
4 of bad stories, things like that. I went through  
5 Lakeside VA because my wife told me to. I usually  
6 try to do what she tells me to do.

7 And when I went there, I was pretty -- I  
8 was pretty scared. The medical staff there, Dr.  
9 Otto, my primary care physician who worked very  
10 hard with me to fix what my problems were. I was  
11 diagnosed with sleep apnea in May of 2001. I  
12 waited 15 months for a sleep apnea test at Hines  
13 Hospital. I waited 10 months after my sleep apnea  
14 test, I think it's a sleep ap machine that I needed  
15 to breathe at night so I wouldn't stop breathing in  
16 my sleep.

17 I waited 15 months for a simple hearing  
18 test at Westside VA which I just got two months  
19 ago. The appointment was made in May of 2002.  
20 Each and every time that I've had to go outside of  
21 Lakeside VA for medical services, I've had to wait.  
22 Each and every time that I went to the Lakeside VA  
23 for my surgeries, for my rotator cuff, two weeks I

1 was in the operating room getting my surgery fixed.  
2 A deviated septum, one week at Lakeside VA. Each  
3 and every time I've had to go outside Lakeside VA  
4 for medical service, I had to wait excruciating  
5 periods of time. The medical staff at Lakeside VA,  
6 my attitude towards the VA has changed. The fears  
7 that I had when I went there the first time were  
8 all alleviated. They are not just a group of  
9 people. You're nothing but a landlord and a  
10 building.

11           There's a communion of medical  
12 professionals who have dedicated their lives  
13 serving people like me. It's like you go there and  
14 you disperse the family. Everybody is such afraid  
15 what's going to happen when they go to Westside,  
16 are you gonna send them to some kind of center out  
17 on the south side, way up on the north side, where  
18 are they gonna go in the city. Everything at  
19 Lakeside is centralized. They work very diligently  
20 not only on your medical, but on the psycho-social  
21 aspects of your medical problems.

22           Dr. Otto calls me at home. How are you  
23 doing? They don't have to do this, but they go



1     above and beyond medical care. I would not have  
2     believed four years ago that I would be at a VA  
3     hospital. I was absolutely not a person to go to VA  
4     until my wife told me about the care that her  
5     father received back in 1979 when he was diagnosed  
6     with cancer and he went to Lakeside VA. She was  
7     the one that convinced me to go. And I will be  
8     forever grateful to the staff no matter what  
9     happens to Lakeside VA, I want to stand here and  
10    say thank you for me and for my family. Dr. Otto  
11    and all the staff there, thank you very much. Good  
12    luck and I hope that no matter where we go if you do  
13    this, and I'm sure you're gonna do it, it doesn't  
14    matter what we stand here and we tell you all these  
15    wonderful stories about what happened to us and  
16    what Lakeside has done for us, it's not gonna  
17    matter. It doesn't matter. You've made your  
18    decision.

19               Congressman Davis, you hit it on the head,  
20    the decision's made, we have to learn to live with  
21    it. Okay, but I'll stand here and I'll say thank  
22    you. They do, they represent everything that the  
23    VA tries to represent. The medical staff at

1 Lakeside action, not words. That's what they're  
2 all about. They do what the VA says they say they  
3 do. Okay.

4 MR. HENDERSON: Thank you very much.

5 MR. WARREN: I want to thank you and I want to  
6 thank Lakeside VA.

7 MR. HENDERSON: Thank you very much.

8 (Applause.)

9 MR. SLATTERY: I'm Tom Slattery. I was a  
10 paratrooper, I served in Korea in 1950 and 1951 and  
11 for those of you who also served in post-war  
12 occupation in Japan, I say (inaudible). That's  
13 hello. There's an important omission in the money  
14 portion of this analysis and it is the value of the  
15 services provided by the Northwestern staff to the  
16 VA and what kind of estimate is available to  
17 replace those services if we discontinue them at  
18 Lakeside.

19 I don't see that happening. I notice when  
20 I come in there is a direct connection between the  
21 VA Hospital there at Lakeside and the Northwestern  
22 Hospital. If you need a special service from the  
23 staff of Northwestern, he can be there in a minute.

1 I don't see that kind of a tunnel running from the  
2 new one to say the University of Illinois. Now  
3 maybe there will be one, but I don't think so. And  
4 they won't be there in 30 seconds the way they  
5 could be here.

6 I echo all of the sentiments about the  
7 accessibility. I drive so going to the Westside,  
8 despite the longer time it takes me to get there  
9 isn't a problem. My wife does not drive. If I end  
10 up over there, I may not see my wife til I get out.  
11 Maybe I won't even then. But, the other thing I  
12 wanted to point out, I'd like you to come back with  
13 some idea of what it will cost to replace those  
14 services that are now provided more or less free by  
15 Northwestern and of course Northwestern gains from  
16 getting experience by treating old codgers like us.  
17 And there will be some new codgers here.

18 The other thing I'd like to remind you  
19 that most of us are old enough to vote and we're  
20 gonna be watching this and see what happens. We  
21 would like to see Lakeside stay open. In the  
22 Airborne, we have the old slogan, "Airborne All the  
23 Way." Okay, I want to take that slightly further

1 and say Lakeside, all the way. Thank you.

2 (Applause.)

3 MR. HENDERSON: Thank you very much.

4 MR. NATHAN: My name is Lou Nathan, Korean vet  
5 and we flew some of you guys, paratroopers and I  
6 learned a lot tonight. I didn't know that Lakeside  
7 promised to keep it open, I didn't realize that. I  
8 came here thinking that we would save Lakeside but  
9 it looks like its already a done deal and I didn't  
10 realize that. That's what the letter stated  
11 anyway.

12 The other reason why would you have a  
13 meeting on a weekday from 7:00 to 9:00. You can't  
14 even park downtown. If you would have had it on a  
15 weekend or sometime during the day, you'd have 500  
16 people here. But coming, I mean you must have put  
17 that into the system somehow, maybe not to get as  
18 many people down here. But you did get a nice  
19 bunch of people here anyway. And we hope you keep  
20 Lakeside open because they saved my life too. So  
21 that's all I have to say.

22 MR. HENDERSON: Thank you for your comments.

23 (Applause.)

1 MR. HENDERSON: Thank you.

2 MR. PERONE: My name is Joseph Perone. World II  
3 veteran and proud of it. I have two brothers also  
4 in service, one nine months before World War II  
5 began and he served almost five years, he was only  
6 supposed to serve one and my brother Jimmy served  
7 in the Korean War.

8 My gripe is when I first went to Lakeside  
9 VA Hospital in 1977, I had to wait in the hallway  
10 for someone to take down my information off my  
11 discharge papers. They had been remodeling since  
12 1977 until now, all that money going into the  
13 building for what. For what reason, so they can  
14 maybe tear it down.

15 I want to say something else that some  
16 people may not like it. The House okayed \$15  
17 billion to fight AIDS in Africa. Who else is  
18 donating money to fight AIDS in Africa or give  
19 money away in aid to Egypt and Israel all these  
20 years. Money going out of our country where it  
21 could stay here and go to veterans.

22 (Applause.)

23 Us veterans do not want to see Lakeside

1 Veteran Hospital closed down. We want to see it  
2 stay open and that's it. Do not close the VA  
3 Hospital at Lakeside. Thank you very much.

4 MR. HENDERSON: Thank you.

5 MR. FREIRA: My name is Manual Freira. I am a  
6 Korean veteran. I am going to be very brief. I  
7 like to express my strong feelings about this  
8 unfortunate decision in the following proposal.  
9 Please change this law and put in the veterans  
10 first for putting the veterans last. I have only  
11 two questions. Where are the Congressmen,  
12 Senators, State Legislatures, Alderman here. I  
13 would like to know what they have done to stop this  
14 unthinkable decision. I don't see any of them.  
15 I would like to see if they represent us or who is  
16 representing the veterans.

17 And the last question, who is going to be  
18 accountable if future events prove that this was a  
19 great mistake to close Lakeside. Who is going to  
20 be responsible and accountable. Who can say I did  
21 it, I took the decision. So that the history will  
22 have the final decision about that. So just to say  
23 I like to see what the Congressmen, Aldermen,

1 Senators, think, I'd like to listen from them  
2 because they represent us otherwise I will be the  
3 first one to make a campaign so no one will vote  
4 for them again. That is my feeling. And I like to  
5 see really who is going to be accountable. Who is  
6 going to be responsible if something happens.  
7 Someone said, maybe for any situation may be  
8 Westside will be destroyed if something happen. I  
9 would like to have Lakeside, but Lakeside is  
10 already gone.

11 Thank you.

12 (Applause.)

13 MR. HENDERSON: Thank you. Thank you for your  
14 comments.

15 MAUREEN: Okay, Rosalie Harris, William  
16 Sedaris, Linda Ludger, Robert Sebastian, Allen  
17 Davis.

18 MS. HARRIS: Thank you. Good evening, I'm  
19 Rosalie Harris, President of SOAR, the  
20 Streeterville Organization of Active Residents, the  
21 community organization here. For 28 years SOAR  
22 volunteers have worked to keep Streeterville a  
23 neighborhood for residents who now number 25,000

1 men, women and children.

2 For many decades the presence of Lakeside  
3 Hospital has been important to our community and to  
4 the community of veterans who have received  
5 comprehensive health care services at this site.  
6 The case for consolidation has largely been made on  
7 the VA's assumption that there is now and continues  
8 to be a decrease in the number of American veterans  
9 and their need for inpatient hospital care.

10 Not everyone agrees with that assumption.  
11 I do hope we all agree that the value of America's  
12 veterans to the country and to our community goes  
13 beyond just numbers. We hope the VA's decision to  
14 close Lakeside was based on medical and health care  
15 factors not only political and financial concerns.

16 We expect the VA to provide the very best  
17 medical treatment for the men and women who are  
18 veterans of American military service. The VA has  
19 acted on the reports about Lakeside. Now city and  
20 federal officials are pondering the fate of these  
21 four acres, developers are at their drawing boards  
22 and so now SOAR also must focus on the future of  
23 these properties. We must express what we believe



1 is in the best interests of our constituents and  
2 the residents of Streeterville. Tonight, SOAR is  
3 not advocating any specific future use for Lakeside  
4 VA sites. We will comment when appropriate.

5 We urge the VA, city and federal  
6 government officials and developers to consider  
7 carefully the SOAR planning and zoning principles  
8 that we adopted on December 17, 2002 and sent to  
9 Alderman Natarus for the Zoning Reform Commission.  
10 Among these principles are maintaining a balance of  
11 mixed uses in Streeterville, mandating that  
12 development must follow transit, establishing  
13 height limitations, mandating more open and green  
14 spaces, creating wide, attractive, inviting  
15 pedestrian walkways, prohibiting additional  
16 freestanding garages, mandating public ground floor  
17 uses for developments and mixed use and  
18 institutional areas, mandating interior and  
19 underground off-street service areas, limiting  
20 service vehicles to off rush hour delivery time,  
21 considering the infrastructure needs of proposed  
22 projects.

23 In our judgment, no existing building in

1     Streeterville is a more positive example of these  
2     principles than the VA Lakeside Building here at  
3     333 East Huron. The building has served the VA  
4     very well. It has also served the neighborhood  
5     well. Set back from the curb, designed with plenty  
6     of open space and landscaping, the building is  
7     pedestrian friendly and affords air and light for  
8     nearby highrise residents.

9             Nothing would please SOAR more if it has  
10    to happen than the creative reutilization of this  
11    building which by virtue of its materials, its  
12    vintage and its history provides a sense of relief  
13    among the increasing concrete structures being  
14    built in Streeterville. It would also preserve the  
15    spirit of the father of the veteran who spoke  
16    earlier and of all of you.

17            Whatever the fate of VA Lakeside may be,  
18    we hope that those of you who determine the future  
19    of these sites will focus on the quality of life  
20    issues that affect residents who make Streeterville  
21    their home. For creative and workable ideas about  
22    how to make this happen, SOAR urges you to turn to  
23    the community for input. For our part, SOAR will

1 be very active in pursuing our principles of  
2 planning and zoning with regard to the VA Lakeside  
3 properties.

4 (Applause.)

5 MR. HENDERSON: Thank you. Thank you for your  
6 comments.

7 MR. DAVIS: Hi, my name is Allen Davis, and in  
8 my 68 years no one's ever called me Arnold like  
9 they do the congressmen.

10 I don't know what I'm going to say but,  
11 you know, nowhere in all of your studies have you  
12 shown what it would cost to rehab the existing  
13 building rather than spending \$98 million on  
14 someone's pipe dream; (b) excuse me, who's relative  
15 is in the construction business. No, I've never  
16 seen four more bored looking people than the people  
17 up there. It's like they don't give a damn what we  
18 say, what we think. You're there you know saying  
19 we've already done it, it's gonna put money in our  
20 pockets. I'd like to see how much of the VA's  
21 salaries budget goes to bureaucrats like yourselves  
22 and doctors who are down the trenches, and I don't  
23 mean doctors that never see a patient since a

1 musket was used. I mean real doctors that put on  
2 the white coats and get down there everyday.

3 (Applause.)

4 Thank you. The other thing, why hasn't  
5 anything been said about the Prentiss offer from  
6 Northwestern. They're willing to give us the  
7 building for nothing. It's 25 years newer than  
8 Lakeside. What about Northwestern's offer to take  
9 over the property and redevelop it using the  
10 existing buildings where they can at no cost to the  
11 VA. Again, who's relative is in the construction  
12 business.

13 That's my only question, who's relative,  
14 who's got their thumb on the damn scale. You  
15 people sit up there so smug saying oh, it's a done  
16 deal and you people can all kiss my butt. But you  
17 know what, you know, you don't have to run for  
18 election, your dumb ass bureaucrats. You know and  
19 no one ever has to vote for you, you just get  
20 appointed by someone and all of you are, if I  
21 remember right, you're all what's his name, the  
22 adulterers, what was the last president's name --

23 FEMALE VOICE: I don't speak to him in those

1 terms.

2 MR. DAVIS: Well you know who I mean. Clinton.  
3 You all were appointed by Clinton and his gang of  
4 cronies. So you know, maybe it's time for a change  
5 with the VA and start thinking of economies, not  
6 putting it in your damn pockets.

7 Thank you.

8 (Applause.)

9 MR. HENDERSON: Thank you.

10 FEMALE VOICE: I actually refuse to refer to  
11 ex-President Clinton as an adulterer. And I didn't  
12 like hearing that from him either. When you  
13 consider him versus what we have now --

14 MALE VOICE: Hey, hey, hey, hey.

15 FEMALE VOICE: What we have now in my 67 years  
16 is the worst administration that I have ever seen.  
17 And I'm a political junky, I'm a news junky, some  
18 people knit, I stare at C-Span. Never has this  
19 country been in the condition we're in now.

20 Now Congressman Davis, I am a huge fan of  
21 yours, and since I watch C-Span, I saw you debate  
22 the issue when they were taking the \$108 billion  
23 from the veteran's budget. You and the other

1 Democrats were superb, honestly, they were  
2 wonderful. They fought this battle with passion  
3 and energy. And the Republicans really couldn't  
4 counter their argument.

5 I don't care what you said, sir, at this  
6 point. I don't think I have anything too pleasant  
7 to say except as it relates to LA, Lakeside. I'm  
8 up too late. Forgive me. Okay. I find it a  
9 blessing to me, every morning when I take that  
10 medicine, I cannot tell you how I feel. Without  
11 the VA Lakeside I wouldn't have that medicine.  
12 They've saved my life two or three times.

13 You know I get annoyed with them too,  
14 don't we all, oh what are you doing now, and talk  
15 about cost cutting. Let's talk about enhancings.  
16 When I was an inpatient several times, the nurses,  
17 we didn't have toilet paper for the bathrooms.  
18 There's not enough staff to keep the women's  
19 washrooms clean. And you want to enhance what?  
20 Why don't you enhance the care that you give to  
21 veterans every single day. I mean, we're talking  
22 about an aging veteran population.

23 I was there today, I had an appointment

1     today and there was one elderly, elderly gentleman  
2     that she said go that way. He had to get to the  
3     emergency room so I carefully steered him there.  
4     Then I saw another veteran in the subway who was  
5     leaning over to watch for the train. And I said,  
6     dude, do you want to die here? Finally I got him to  
7     move back. But the point is, people do get  
8     confused and now you're gonna send them off willy  
9     nilly to Westside. I go to Westside on occasion.  
10    I can't tell you how long it takes because such a  
11    boring subject.

12                 Public transportation is my mode. We all  
13    should be actually doing it, you drive too damn  
14    many cars in this city.

15                 MR. HENDERSON: Could I ask you to conclude your  
16    comments in the next moments, please. /

17                 FEMALE VOICE: No.

18                                 (Applause.)

19                 Social workers should be helping these  
20    veterans adapt to the move to Westside. You should  
21    have a convolution of psychiatrics.

22                 Okay my last point. Dr. Cummings, I  
23    usually don't make personal attacks and I'm going

1 to try to avoid it. In the last several years I've  
2 watched you climb the ladder and far be it from me  
3 to know how you did it. You must be buddies of the  
4 Bushes. That's all I can figure it out because you  
5 know what you did? I'm a cancer survivor. Breast  
6 cancer. You took mammograms out of the City of  
7 Chicago. Took mammograms out and put them in Hines  
8 where it's her little thieftom. Does that make  
9 sense to you. Would you like to see me take 12  
10 buses twice a year to get a mammogram. I know I  
11 didn't want to talk about my personal problems.  
12 But, when I go to Northwestern now to get this  
13 test --

14 MR. HENDERSON: For the sake of the others, I  
15 would ask you to conclude, please.

16 FEMALE VOICE: All right.

17 (Applause.)

18 MR. HENDERSON: Thank you for your comments.  
19 Thank you.

20 MR. ROGERS: Good evening. My name is David  
21 Rogers and I'm with the Veterans Strike Force at  
22 the Westside VA and I'm also a liaison with  
23 Veterans for Unification. I like to start this off



1 with saying thank you to the doctors, the nurses,  
2 those people that work hard at the VA under some  
3 real trying circumstances. We got some really good  
4 people.

5           However, you're gonna be hardpressed or  
6 where I come from to convince me that I'm better  
7 off with \$1 than I am with \$2, and the people that  
8 try and do that, we got names for them. And then  
9 when you spend \$3 to try and convince me of that  
10 fact, that really gets problematic.

11           There's a big difference between a pending  
12 disaster and a disaster. And a great deal of that  
13 is in the planning. Now we got a tower that's  
14 supposed to go up and what is it, '04. We're gonna  
15 start moving patients next week. Now, what are we  
16 going to move them into. Where's the funding going  
17 to come from the tower. You're talking about  
18 enhanced use. I agree with the lady that said that  
19 if we're going to enhance something, the idea to be  
20 to enhance service for veterans on a daily basis,  
21 which would also constitute full funding for the  
22 VA. But that's a different forum.

23           The problem we have here in my opinion is

1     this pending disaster. What you've heard here  
2     tonight you got to feel it, you got to factor it  
3     in. If you don't, what's gonna happen at Westside  
4     in a few days it's gonna take a system that is  
5     stretched and strained and its' gonna become  
6     overloaded.

7             It has to be some answers to the questions  
8     that have been asked here tonight. We need  
9     answers. We need to work with the veteran  
10    community as you make these changes and these  
11    transitions because these decisions that you're  
12    making on these levels, these bureaucratic levels,  
13    the impact it has on the day-to-day life of the  
14    veterans community, it's been disastrous. The  
15    negative impact you can feel it when you walk in  
16    the hospital. And next week it's gonna get that  
17    much worse and what the sage leader will do because  
18    again, pending disaster and disaster, significant  
19    difference. We're talking about the lives of my  
20    son who's on leave from the military and my nephew  
21    who just got back from Iraq, these are the people  
22    that we need to plan for.

23             Thank you.

1 (Applause.)

2 MR. HENDERSON: Thank you.

3 MR. FELDMAN: Hello. My name is Jacob Feldman  
4 and my first question is when are we gonna get some  
5 answers to the questions. Dr. Cummings, what's  
6 your plan for Chicago veterans if the Westside  
7 inpatient is not funded by Congress? Any answer?

8 MR. HENDERSON: We want to hear your comments.  
9 Please go ahead.

10 MR. FELDMAN: All right. And when the  
11 Northwestern -- if you do close the Lakeside  
12 Hospital, when the Northwester doctors stop, how  
13 are we gonna pay to replace them. Are we gonna get  
14 any answers today at all?

15 MR. HENDERSON: The purpose of the hearing this  
16 evening was to gather your comments on the Enhanced  
17 Use process. That's what the purpose of the  
18 hearing was. It is not meant to be a question and  
19 answer session although your questions are  
20 certainly welcomed.

21 MR. FELDMAN: But we're getting no answers.

22 (Applause.)

23 MR. HENDERSON: Thank you.

1           MAUREEN: Stanley Pollack, Mr. Hicks, M. Ryan,  
2           D.J. McCarthy and anyone else who would like to  
3           speak that didn't speak yet.

4           MR. HAGUE: Hello, my name is Tom Hague. I've  
5           been a patient at Lakeside for 10 years. Excellent  
6           care. When I received a letter from the President  
7           in 1961, these things we were going to have  
8           adequate care when we got out, I never used until  
9           hard times came.

10                   Hard times came when I had a gallstone. I  
11           came down here and everything was fine. For five  
12           months now, they have been playing games between  
13           Northwestern and VA Lakeside. I spent four days  
14           out at the Westside. The only thing they did was  
15           pull blood. I went out to Hines, what they did,  
16           they did an angiogram, the doctor told me right  
17           there my liver was fine. I got back here a 27 year  
18           old doctor, she said to me, I don't think it's  
19           fine, I disagree with the doctor, would you care  
20           for -- how about an MRI. She says we can't go  
21           through the regular routine, you'll never get an  
22           MRI. They did the MRI over at Northwestern, which  
23           I think I'm going to end up paying for, I have the

1 bill here. So finally they figured out a procedure  
2 so I used my grapevine and I have one like  
3 everybody else. The procedures too high. Try a  
4 different method. Really I think from Washington's  
5 angle, it's cheaper to give me a burial flag and a  
6 bronze plaque than it is to fix me.

7 Thank you very much.

8 (Applause.)

9 MR. HENDERSON: Thank you.

10 MR. LUCAS: Good evening, my name is Jack Lucas.  
11 I'm a veteran. Carl I've got a question for you.  
12 How many of those people on your panel are from  
13 Chicago?

14 MR. HENDERSON: Half of them are from Chicago  
15 and half of them are from Washington, D.C.

16 MR. LUCAS: Which are which? Can they raise  
17 their hand?

18 MR. HENDERSON: Well, I introduced them earlier  
19 in the evening and those --

20 MR. LUCAS: I'm sorry, but I missed it.

21 MR. HENDERSON: We have the Network Director  
22 from the VA Hospital System here, Dr. Cummings and  
23 Richard Citron, who is the Director of the Chicago

1 VA Health Care System. The other two individuals  
2 are from Washington. They're managing the program  
3 at the national level. They're both veterans too,  
4 by the way.

5 MR. LUCAS: Let me rephrase my question. How  
6 many were born in Chicago?

7 MR. HENDERSON: I wasn't born in Chicago but  
8 I've lived here 27 years so I don't know. I'm not  
9 sure.

10 MR. LUCAS: Okay, my next question is, I'm in a  
11 definitive study at Northwestern Hospital. How is  
12 that gonna affect your moving Lakeside out to Hines  
13 and the rest of the people that are in studies over  
14 at Northwestern.

15 MR. HENDERSON: I guess that's a general  
16 research question that you're asking, how is  
17 research going to be affected.

18 MR. LUCAS: No, how am I going to be affected in  
19 the program I'm in over at Northwestern?

20 MR. HENDERSON: I don't know that that can be  
21 responded to this evening.

22 MR. LUCAS: Well, it might be something you  
23 might want to put on your notes to look into.

1 MR. HENDERSON: Absolutely.

2 MR. LUCAS: I would also like to say that I have  
3 had probably the best medical service that I could  
4 ever want and I've worked in and out of the private  
5 sector in hospitals than what the VA has provided.

6 Thank you very much.

7 MR. HENDERSON: I thank you for your comments.

8 Maureen, you might want to give a hand.

9 MR. WINDBUSH: That's the sound of the  
10 disaster. It seems to be not just well to have to  
11 sit through this and say something nice about the  
12 world at large, particularly in view of the  
13 condition that we've been experiencing from the  
14 national government. My name is General Isimo, to  
15 you. Peter Windbush is my name. I am really here  
16 because I asked the panel a moment ago, at the break  
17 why are they asking and waiting for us to provide  
18 all of these blood shrieking screams and cries. Do  
19 they want to hear us fall dead or what's the object  
20 of this as they've been demonstrating. There is no  
21 object at all because they're just recording this  
22 and they're not saying -- they say this is the  
23 process but there's no explanation of the process

1 conclusions or designs or purpose other than what  
2 has already been concluded that they are going to  
3 close the hospital.

4                   So it makes us look pretty daggone stupid  
5    in view of like a lot of the people have said, the  
6    kind of abuse that we've been receiving for the  
7    last three to five years. It sounds like we're  
8    someplace in old Soviet Union, you know, and I just  
9    cannot understand why we're supposed to be so  
10   complacent about it. The gentleman who spoke a  
11   little while ago, I think we're looking forward to  
12   some type of terrorism or some type of response  
13   that is not so happy the way these gentlemen here  
14   have been expressing themselves. You are going to  
15   really cause a lot of people's death in their anger  
16   about the dysfunctional mentality and attitudes  
17   that are coming from this Veterans Administration.  
18   Something disastrous is going to occur soon if this  
19   continues.

20 MR. HENDERSON: Thank you.

21 (Applause.)

22 Are there further -- I'm sorry, are there  
23 further comments from the floor?



1           MALE VOICE: Save our bunny rabbits' home.

2           MR. MOCK: Good evening everyone. I'm Roger  
3 Mock, veteran and private citizen from the far  
4 north side of Chicago. First off, I think in  
5 reiterating the done deal situation, when I looked  
6 at that flow chart there was no option which went  
7 the other way. It was a straight through line  
8 directly to the end result, which was closing  
9 Lakeside.

10                   It doesn't look very, you know, hopeful,  
11 even though we're getting to speak our peace  
12 whether or not anything's going to be done. My  
13 concern is that once the building's torn down, we  
14 can't go back. It seems to me to be rushed to  
15 judgment and throwing out the baby with the  
16 bathwater, I understand the budget costs and  
17 everything. We need some sort of flex plan so we  
18 can adapt the number of empty beds when we run into  
19 a shortage or overage situations and then when the  
20 size of the inpatient would increase then we'd have  
21 the option of maybe using the rooms that were  
22 temporarily used for rehab or other types of  
23 services. Then they could be expanded and the beds

1     could increase.

2                 Perhaps we could get a bid for various  
3     drug suppliers, such as Walgreens, Osco where they  
4     pay the lease for their part of the building and  
5     would employ the same people who work at VA's  
6     pharmacy or maybe the food chain business, a deli  
7     or something operating the space, once again making  
8     a bid and paying the VA for the use of space and  
9     making use of all employees currently working at  
10    the cafeteria.

11                How about using empty bed space for rehab  
12    facilities, child care and so forth that could be  
13    then close down if beds are needed when it expands.  
14    I am a diabetic patient at the VA and what about an  
15    exercise room to help veterans get adequate  
16    exercise along with the, you know, medications?

17                How about what someone mentioned earlier,  
18    about the rehab institute needing extra space.  
19    Perhaps we could take the overflow from the  
20    Northwestern Rehab and surrounding area hospitals  
21    where they pay VA for the use of their space and  
22    once again that would be cash in flow.

23                Once again, I think all of you need to go

1 back to your boardrooms. I don't know how many of  
2 you have ever, either you or your families have  
3 used the VA facilities, but the gentleman in the  
4 wheelchair, for instance, I don't know if you make  
5 use of it, but the thing is, put yourself in our  
6 shoes and you know, wanting to have the space and  
7 being put through like ungodly amount of traveling,  
8 either by public or by personal auto or whatever.  
9 All these and the overstaffing like someone had  
10 mentioned about being sent back to the VA Lakeside  
11 because they were overbooked on the beds. So if  
12 you do have any strength of saying anything, I  
13 suggest you go back to your boardrooms and change  
14 that flow chart and make it branch off and  
15 definitely say no to having VA Lakeside being  
16 closed down.

17 Thank you.

18 MR. HENDERSON: Thank you. Are there other  
19 comments for this evening.

20 MALE VOICE: -- than I go to. I receive --  
21 that is supposed to be working so great, Dr.  
22 Cummings, I called Carl, Carl called and I hope the  
23 situation's being corrected. I had a veteran there

1     that went in to get a bandage. He went in to get  
2     his -- he got out of Hines, he went to 95<sup>th</sup> and  
3     Cicero to get a bandage, they didn't have bandages.  
4     I didn't believe it, I checked it with three other  
5     people at the post that he came from and they all  
6     told me the same story.

7             That program does not work. I had a  
8     veteran call me to get on a waiting list to get  
9     into -- he had a Purple Heart. His wife called.  
10    She was 82 years old and she was a couple years  
11    younger than him. He went into 95<sup>th</sup> and Cicero  
12    again to receive benefits to get care. They told  
13    him that they wouldn't take him because he was a  
14    priority -- he was in the wrong priority group and  
15    they couldn't see him. He's a priority two, not a  
16    priority eight, which is a group that was set to  
17    help you say that the hospitals aren't full because  
18    we can't see you because you're a priority eight  
19    group veteran.

20            To close Lakeside without first having a  
21    facility even if we're not going to have as many  
22    beds at Westside is just insanity and I would -- I  
23    hope that you take that into consideration. Before

1     you close Lakeside, make sure there's someplace for  
2     those veterans to go. That veteran that I talked  
3     about, that 85 year old World War II veteran, I had  
4     a call from his wife again, oh it was four months  
5     later. I called Veterans Registration and actually  
6     I called a few people about it, but his wife called  
7     back again. She thanked me for getting him on the  
8     list. Unfortunately, he died before we got him  
9     into the hospital. I hope that that doesn't  
10    continue to happen.

11                   Thank you very much.

12                                 (Applause.)

13           MR. HENDERSON: Thank you. Thank you. Do we  
14    have other individuals that would like to make  
15    comments this evening.

16           MR. PUDLO: I'm Ted Pudlo. I'm still fighting  
17    for this country. I had a city inspector tell me I  
18    don't have a constitutional right to make a living.  
19    I went to court to have my day in court and I found  
20    out the courts are corrupt.

21                   So that's where we're at. I'm still  
22    fighting for the constitution. I could make it a  
23    long story. I was laid in bed and I'm thinking to

1     myself, why did I survive an open heart surgery.  
2     The guy upstairs gave me a job.   So I'm still  
3     fighting for the constitution.

4                 Now to go to Hines Hospital, I tried one  
5     time to go out there, there was a snow storm.   I had  
6     to turn back.   It's convenient for me to come to  
7     Lakeside.   I'm right at the doorstep.   Don't give  
8     away this jewel.

9                 Thank you.

10                         (Applause.)

11               MR. HENDERSON: Thank you.   Do we have any other  
12     individuals that would like to make a comment this  
13     evening?

14               MALE VOICE: I think we should all not give up  
15     and not let this magnificent facility go.   Dr. Otto  
16     is a wonderful doctor, has taken care of us, and I  
17     feel that I've gotten better care here at Lakeside  
18     than in most of the private hospitals, some of  
19     which were excellent to which I've gone.   So let us  
20     not give up, save Lakeside.

21               MR. HENDERSON: Thank you.

22                         (Applause.)

23               MALE VOICE: Thank you.

1           MALE VOICE: There's a gentleman disabled in the  
2 back that I'd like to take the mike to.

3           MR. HENDERSON: Sure.

4           MR. ARCIOLA: Good evening, my name is Robert  
5 Arciola and I know at least two of the members of  
6 the panel up there somewhat personally.

7           Mr. Mansfield, you might remember me from  
8 the early '90s when I -- there you are, I see your  
9 hand. I can't see your face from back here but I  
10 can see your hand. And Dr. Cummings, you know me  
11 quite well. I'm the Executive Director of the  
12 Paralyzed Veterans America Vaughn Chapter. We're  
13 located at Hines VA Hospital and I've on occasion  
14 made mention to Dr. Cummings regarding patients who  
15 are general medicine patients that were admitted  
16 with a spinal cord injury and her statement to me  
17 personally was that they will continue to allow  
18 general medicine patients to go into spinal cord  
19 injury beds taking up bed space and she was quite  
20 right in stating that they're going to continue the  
21 process so long as that it's not affecting spinal  
22 cord injury patients from gaining access to those  
23 beds.

1           But several points were made today that  
2   concern me. A number of them are by the fact that  
3   several of the patients will be going to Westside,  
4   Westside being bombarded with patients and loaded  
5   and my point is I believe that Hines on a couple of  
6   occasions were overloaded in different areas of the  
7   hospital and that's precisely why the patients were  
8   brought to our ward.

9           We used to have four wards several years  
10   ago before my day in which I was injured. Now  
11   we're down to two, maximum capacity is at 68 beds  
12   for spinal cord injury and are staffed for 58  
13   patients and that's it. So whenever the patients  
14   are admitted -- spinal cord patients are admitted  
15   to the spinal cord injury wards, you only have 58  
16   beds maximum because that's all the staffing has.

17           Then, if a general medicine patient comes  
18   in, that reduces that level for spinal cord injury.  
19   We for PVA, we stand totally against general  
20   medicine patients, from Dr. Cummings' words, a vets  
21   a vet, but where is a veteran with a spinal cord  
22   injury gonna go when the bed space is taken by gen  
23   med patients who have nowhere else to go.



1 Westside, Lakeside, which will be closed,  
2 apparently, where are they gonna go, hundreds of  
3 miles away to another place, St. Louis? Milwaukee?  
4 Possibly Minnesota in the future. These are things  
5 that these individuals here today veterans, are  
6 bringing up because it is a real problem. And the  
7 aging population of vets is increasing. We all  
8 know that. Reducing the amount of beds is going to  
9 increase inpatient care. That's a given. Which  
10 means although we do, we are having a new clinic  
11 built in front of Hines which answers the question  
12 to a lady earlier about the parking situation out  
13 there, the construction, that's going to be 68  
14 beds, there's no provision for expansion, that's a  
15 stand-alone unit. No provisions for expansion of  
16 that. And if gen med patients continue to come  
17 into spinal cord injury, we'll be capped.

18 Again, our patient population is aging as  
19 well. So that means more inpatient for spinal cord  
20 injury, more needed beds, what will you do with the  
21 capacity levels at Hines and Westside if Lakeside's  
22 closed.

23 Other than that, most of the veterans here

1 have stated their remarks and those remarks were  
2 made well and whether those remarks go on the  
3 record and enhance anything as far as the closure  
4 of Lakeside, I highly doubt it. It seems to me  
5 that this is in the process and the more I see it  
6 personally as an individual who has suffered a  
7 spinal cord injury since 1988, I'm seeing more and  
8 more likely I see privatization coming,  
9 privatization. Privatization of specialized  
10 services, privatization of general services because  
11 all the VA's doing is shrinking and shrinking.  
12 What are we gonna do about that. The question is,  
13 the answer to that question is for every veteran  
14 organization to gather together, be collected, know  
15 what the deal is, write your congressmen and  
16 congresswomen if you have to, weekly, monthly,  
17 however you feel, but you've got to be united on  
18 the issues is that we can't take it anymore, it's  
19 got to stop. We don't want it to go privatized.

20 (Applause.)

21 MR. HENDERSON: Thank you for your comments.

22 MR. ARCIOLA: Thank you for your time.

23 MR. HENDERSON: Thank you very much.

1           MR. ZUREMSKI: My name is Mike Zuremski. I'm a  
2 Vietnam veteran. Congressman Davis, I salute you.  
3 I really think that you're one of a few congressmen  
4 that are worth their pay. I have been to many  
5 functions with the Veterans and most of them, many,  
6 many times you have shown up.

7           Where the hell are the rest of your  
8 congress people and senators. They're not here  
9 today to represent anybody. They don't care about  
10 the veterans and nobody's gonna tell me any  
11 different because I've been to many functions and  
12 never, and they get letters just like you get  
13 asking to come. They don't have time for us unless  
14 they're stuffing their pockets. That's it.  
15 That's the bottom line. And my next question is,  
16 what are we gonna do with Arlington? Are we gonna  
17 dig up the people that are there and sell that  
18 property too?

19   (Applause.)

20           MR. HENDERSON: Thank you. Thank you very much.

21           MR. LINER: David Liner, I'm a veteran. I was an  
22 outpatient at Lakeside and I think, and I've  
23 experienced exceptional care there. I just want to



1 spouses, the significant others, by moving to  
2 Westside, when my husband was in the hospital for a  
3 week having his kidney taken out, I was at Lakeside  
4 every day from morning till evening. To get to  
5 Lakeside for me on the north side it will take me  
6 about 45 minutes to maybe an hour to get home. To  
7 go to westside and come back it takes, according to  
8 the CTA, two hours. Two hours CTA time translates  
9 a good three hours.

10 That's taking four different means of  
11 transportation. When we were at Westside for an  
12 MRI, we took a cab home. That cab ride not  
13 counting a tip was \$50. I couldn't do that  
14 everyday. If I had to go visit my husband at  
15 Westside. The security guard wouldn't even let us  
16 wait outside. He said it was dangerous. The  
17 nearest bust stop was about a block and a half  
18 away. I would have to stand at a CTA bus stop at  
19 8:00, 8:30 at night by myself. It would be a lot of  
20 fun in that area. I've been mugged once. It's not  
21 a fun thing to happen.

22 I got picked on because of my size. It  
23 doesn't thrill me to have to go to three or four

1 different bus stops and stand there and wait for  
2 the CTA which is never on time. I mean no one  
3 considered us spouses. I mean we're not a vet,  
4 that's fine, I understand that. But our husbands,  
5 our wives, whatever, they're the ones that are in  
6 the hospital. We would like to see them and I'm  
7 sure they would like to see us. And that's all I  
8 have to say other than have any of you guys tried  
9 taking public transportation to and from? It ain't  
10 fun.

11 MR. HENDERSON: Thank you.

12 (Applause.)

13 MS. THOMPSON: Good evening to you all, or  
14 should I say goodnight at this hour. I have just  
15 been so uplifted listening to all this wonderful  
16 testimony tonight. My name is Sue Thompson and I'm  
17 a member of the Streeterville Organization of  
18 Active Residents, so I was very supportive here for  
19 our president Rosalie Harris who spoke earlier.  
20 And I also am a very, very concerned member of the  
21 community.

22 I know that there are many, many people,  
23 men and women who have spoken here tonight who have

1 found the accessibility of this wonderful  
2 institution and I myself too visited with a male  
3 gentleman friend who had cancer. He had  
4 chemotherapy over there. Unfortunately now he's  
5 passed away, but what wonderful care he had and how  
6 marvelous the staff was related to Northwestern  
7 because they love working with the VA staff at the  
8 hospital Lakeside over here. They were so  
9 dedicated. Please, I want very much to appreciate  
10 and give a hand to all of these wonderful people  
11 tonight who are vets, men and women, who have given  
12 testimony to save this institution and to not tear  
13 it down. Let's keep the Lakeside VA for the  
14 outpatient and inpatient vets. Bravo.

15 (Applause.)

16 MR. HENDERSON: Thank you. Thank you. Do we  
17 have anymore comments?

18 The purpose of this evening's hearing was  
19 to do just what was done this evening, that's to  
20 collect comments about the Enhanced Use process and  
21 the focus on Lakeside. All of the comments will be  
22 recorded, they will be transcribed, they will be  
23 taken into consideration for the next step, for the

1     Enhanced Use process.

2                   I thank each and every one of you for  
3     coming. That concludes this evening's hearing.

4           MALE VOICE:   Are you not going to give the  
5     benefits to the guys over there. If we don't learn  
6     from our mistakes, you tend to repeat them. If we  
7     don't learn from history, you're gonna repeat it.

8                   We've seen a lot of casualties and injured  
9     in World War II, World War I, Korea, Vietnam.  
10    That's gonna look like a honeymoon when you get  
11    through in Iraq and the other Arab countries. Yet  
12    we're destined to stay there. Where are those guys  
13    gonna get care when they come back here and they're  
14    injured. Who's gonna answer to Congress and the  
15    President then and the people that are injured.

16           MR. HENDERSON: Thank you.                   /

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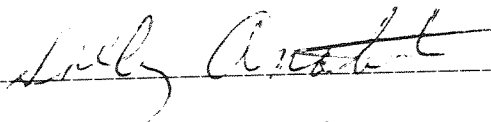
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1 I, Sally Analitis, do hereby certify or affirm  
2 that I have impartially transcribed the foregoing  
3 from an audiotape record of the above captioned  
4 proceedings to the best of my ability.

5  
6 

7 Transcribers Signature

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9 Dated: 8/7/03

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